

## Facility Summary for Facility ID # 9292

Owner Name and Address: Agricultural Research Service - 10300 Baltimore Avenue, Building 003,  
 BARC  
 Contact: Christian Obineme Phone: (301) 504-6005

Facility ID	Location Name	Location Street Address	Location City	Zip	Phone:
9292	Beltsville Agricultural Research Center	10300 Baltimore Avenue Building 003, Room 221	Beltsville	20705	(301) 504-6005

Tank ID	Installed	Product	Tank Mat'l of Construction	Piping Material		Tank Release Detection	FR Met
Status	Age (yr)	Capacity	Secondary Option	Secondary Option	Piping Type	Piping Release Detection	Over/Spill/CP
001 Currently In Use	1/1/1994 12	Diesel 1,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E ● ● H I J K L ● ● ● ● ● H I J K L	Yes Yes Yes Yes
002 Currently In Use	1/1/1994 12	Gasoline 4,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E ● ● H I J K L ● ● ● ● ● H I J K L	Yes Yes Yes Yes
003 Currently In Use	1/1/1994 12	Gasoline 10,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E ● ● H I J K L ● ● ● ● ● H I J K L	Yes Yes Yes Yes
004 Currently In Use	1/1/1994 12	Diesel 2,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E ● ● H I J K L ● ● ● ● ● H I J K L	Yes Yes Yes Yes
005 Currently In Use	1/1/1994 12	Kerosene 550	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E ● ● H I J K L ● ● ● ● ● H I J K L	Yes Yes Yes Yes
006 Currently In Use	10/1/1993 13	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E F G H I J K L B ● ● E F G H I J K L	Yes Yes Yes Yes
007 Currently In Use	8/1/1993 13	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E F G H I J K L B ● ● E F G H I J K L	Yes Yes Yes Yes
008 Currently In Use	4/1/1994 12	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E F G H I J K L B ● ● E F G H I J K L	Yes Yes Yes Yes
009 Currently In Use	4/1/1994 12	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C ● E F G H I J K L B ● ● E F G H I J K L	Yes Yes Yes Yes

### Tank/Piping Release Detection Codes

<b>A</b> Manual Tank Gauging	<b>C</b> Inventory Control	<b>E</b> Vapor Monitoring	<b>G</b> Interstit. Dbl-Wall Monitor	<b>I</b> SIR	<b>K</b> Deferred
<b>B</b> Tank/Line Tightness Testing	<b>D</b> ATG/Auto Line LD	<b>F</b> GW Monitoring	<b>H</b> Interstit. Sec. Con. Monitor	<b>J</b> Other Methods	<b>L</b> Not Listed

## Facility Summary for Facility ID # 9292

**Owner Name and Address:** Agricultural Research Service - BARC 10300 Baltimore Avenue, Building 003,

**Contact:** Christian Obineme **Phone:** (301) 504-6005

010 Currently In Use	7/1/1994 12	Gasoline 4,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L	Yes Yes Yes Yes
011 Currently In Use	7/1/1994 12	Diesel 2,500	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L	Yes Yes Yes Yes
012 Currently In Use	5/1/1996 10	Gasoline 4,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L	Yes Yes Yes Yes
013 Currently In Use	5/1/1996 10	Gasoline 4,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F <input checked="" type="radio"/> H I J K L	Yes Yes Yes Yes
014 Currently In Use	5/1/1991 15	Heating Oil 1,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E <input checked="" type="radio"/> <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F G H I J K L	Yes Yes Yes Yes
015 Currently In Use	6/1/1994 12	Heating Oil 550	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E <input checked="" type="radio"/> <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F G H I J K L	Yes Yes Yes Yes
016 Currently In Use	6/1/1994 12	Heating Oil 6,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E <input checked="" type="radio"/> <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F G H I J K L	Yes Yes Yes Yes
017 Currently In Use	5/1/1991 15	Heating Oil 2,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E <input checked="" type="radio"/> <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F G H I J K L	Yes Yes Yes Yes
018 Currently In Use	6/1/1991 15	Heating Oil 550	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E <input checked="" type="radio"/> <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F G H I J K L	Yes Yes Yes Yes
019 Currently In Use	4/1/1992 14	Heating Oil 1,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E <input checked="" type="radio"/> <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F G H I J K L	Yes Yes Yes Yes
020 Currently In Use	6/1/1994 12	Heating Oil 4,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	A B C <input checked="" type="radio"/> E <input checked="" type="radio"/> <input checked="" type="radio"/> H I J K L <input checked="" type="radio"/> <input checked="" type="radio"/> E F G H I J K L	Yes Yes Yes Yes

### Tank/Piping Release Detection Codes

<b>A</b> Manual Tank Gauging	<b>C</b> Inventory Control	<b>E</b> Vapor Monitoring	<b>G</b> Interstit. Dbl-Wall Monitor	<b>I</b> SIR	<b>K</b> Deferred
<b>B</b> Tank/Line Tightness Testing	<b>D</b> ATG/Auto Line LD	<b>F</b> GW Monitoring	<b>H</b> Interstit. Sec. Con. Monitor	<b>J</b> Other Methods	<b>L</b> Not Listed

## Facility Summary for Facility ID # 9292

**Owner Name and Address:** Agricultural Research Service - BARC 10300 Baltimore Avenue, Building 003,

**Contact:** Christian Obineme

**Phone:** (301) 504-6005

021 Currently In Use	8/1/1991 15	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	<div style="display: flex; justify-content: space-between;"> <div>A B C ● E ● ● H I J K L</div> <div>B ● E F G H I J K L</div> </div>	Yes Yes Yes Yes
022 Currently In Use	8/1/1991 15	Heating Oil 1,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	<div style="display: flex; justify-content: space-between;"> <div>A B C ● E ● ● H I J K L</div> <div>B ● E F G H I J K L</div> </div>	Yes Yes Yes Yes
023 Permanently Out of Use	3/1/1995 11	Heating Oil 3,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	<div style="display: flex; justify-content: space-between;"> <div>A B C ● E ● ● H I J K L</div> <div>B ● E F G H I J K L</div> </div>	Yes Yes Yes Yes
024 Currently In Use	6/1/1994 12	Heating Oil 550	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	<div style="display: flex; justify-content: space-between;"> <div>A B C ● E ● ● H I J K L</div> <div>B ● E F G H I J K L</div> </div>	Yes Yes Yes Yes
025 Permanently Out of Use		Heating Oil 2,000	Composite (Steel w/ FRP) Double-Walled	Copper None	Safe Suction	<div style="display: flex; justify-content: space-between;"> <div>A B ● ● E F G H I J K L</div> <div>B D E F G H I J K ●</div> </div>	Yes Yes No No
026 Permanently Out of Use		Heating Oil 550	Polyethylene Tank Jacket None	Copper None	Safe Suction	<div style="display: flex; justify-content: space-between;"> <div>A B ● ● E F G H I J K L</div> <div>B D E F G H I J K ●</div> </div>	Yes Yes No No
027 Permanently Out of Use		Heating Oil 550	Composite (Steel w/ FRP) None	Copper None	Safe Suction	<div style="display: flex; justify-content: space-between;"> <div>A B ● ● E F G H I J K L</div> <div>B D E F G H I J K ●</div> </div>	Yes Yes Yes No
028 Permanently Out of Use		Heating Oil 5,000	Composite (Steel w/ FRP) None	Fiberglass Reinforced Plastic Double-Walled	Safe Suction	<div style="display: flex; justify-content: space-between;"> <div>A B ● ● E F G H I J K L</div> <div>B D E F G H I J K ●</div> </div>	Yes Yes Yes Yes
029 Permanently Out of Use		Heating Oil 1,000	Asphalt Coated or Bare Steel None	Copper None	Safe Suction	<div style="display: flex; justify-content: space-between;"> <div>A B C D E F G H I J K L</div> <div>B D E F G H I J K ●</div> </div>	Yes No No No
030 Permanently Out of Use		Heating Oil 550	Asphalt Coated or Bare Steel None	Copper None	Safe Suction	<div style="display: flex; justify-content: space-between;"> <div>A B C D E F G H I J K L</div> <div>B D E F G H I J K ●</div> </div>	Yes No No No
031 Permanently Out of Use		Heating Oil 1,000	Asphalt Coated or Bare Steel None	Copper None	Safe Suction	<div style="display: flex; justify-content: space-between;"> <div>A B C D E F G H I J K L</div> <div>B D E F G H I J K ●</div> </div>	Yes No No No

### Tank/Piping Release Detection Codes

<b>A</b> Manual Tank Gauging	<b>C</b> Inventory Control	<b>E</b> Vapor Monitoring	<b>G</b> Interstit. Dbl-Wall Monitor	<b>I</b> SIR	<b>K</b> Deferred
<b>B</b> Tank/Line Tightness Testing	<b>D</b> ATG/Auto Line LD	<b>F</b> GW Monitoring	<b>H</b> Interstit. Sec. Con. Monitor	<b>J</b> Other Methods	<b>L</b> Not Listed

# **Facility Summary for Facility ID # 9292**

<b>Owner Name and Address:</b>		Agricultural Research Service - BARC		10300 Baltimore Avenue, Building 003,			
		Contact: Christian Obineme		Phone: (301) 504-6005			
032		Heating Oil	Asphalt Coated or Bare Steel	Copper	Safe Suction	A B C D E F G H I J K L	Yes
Permanently Out of Use		550	None	None		B D E F G H I J K L	No No No
033	1/1/1993	Heating Oil	Polyethylene Tank Jacket	Copper	Safe Suction	A B C D E F G H I J K L	Yes
Permanently Out of Use	13	4,000	Double-Walled	None		B D E F G H I J K L	No No No
034	8/1/1992	Gasoline	Fiberglass Reinforced Plastic	Fiberglass Reinforced Plastic	Not Listed	A B C D E F G H I J K L	Yes
Permanently Out of Use	14	4,000	None	None		B D E F G H I J K L	No No Yes
035	5/1/1992	Diesel	Fiberglass Reinforced Plastic	Fiberglass Reinforced Plastic	Not Listed	A B C D E F G H I J K L	Yes
Permanently Out of Use	14	550	None	None		B D E F G H I J K L	No No Yes

## **Tank/Piping Release Detection Codes**

<b>A</b> Manual Tank Gauging	<b>C</b> Inventory Control	<b>E</b> Vapor Monitoring	<b>G</b> Interstit. Dbl-Wall Monitor	<b>I</b> SIR	<b>K</b> Deferred
<b>B</b> Tank/Line Tightness Testing	<b>D</b> ATG/Auto Line LD	<b>F</b> GW Monitoring	<b>H</b> Interstit. Sec. Con. Monitor	<b>J</b> Other Methods	<b>L</b> Not Listed

# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

2 Number of tanks at facility

       Number of continuation sheets attached

State Use Only	
Facility ID Number	<u>9292</u>
Alt ID Number	<u>NEW</u>
Date Entered into Computer	<u>      </u>
Data Clerk's Initials	<u>      </u>
Owner Contacted to Clarify Response	<u>      </u>
Comments	<u>      </u>

## I. OWNERSHIP INFORMATION:

Owner Name: U.S. D.A.

Street Address: B.A.R.C. Bld 309

Mailing Address  
(if different from above): 10300 BALTIMORE AVE

Bld 003, Room 221 BARC West

BELTSVILLE MD. 20705-2350

City State Zip Code

P.G.

County:

( ) 301-504 6005

Phone Number:

Contact Person: CHRISTIAN A. W. OBIOME

Owner ID:       

TYPE OF OWNER: (check one)

Government

☒ Federal  
☐ State  
☐ Local

Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

Non-Commercial

☐ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: U.S. D.A. BARC Bld 309

Street Address: Bld 309 Powder Mill Rd.

Mailing Address (if different from above): 10300 BALTIMORE AVE, Bld 003 Room 221 BARC West

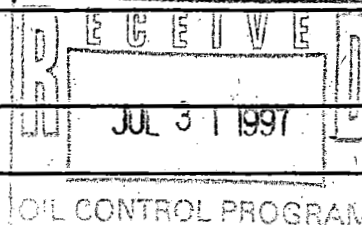
BELTSVILLE MD. 20705 P.G.

City State Zip Code County

Phone Number: ( ) 1-301-504-6005

Facility Operator: CHRISTIAN A. W. OBIOME

MDE 231 (rev. 12/96)



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: CHRISTIAN A.W. OBIWEME Job Title: Area Energy Consultant  
10300 BALTIMORE AVE  
 Address: Bld 003, Room 221, BARC West Phone Number: ( )

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

☐ YES ☐ No

<input type="checkbox"/> Commercial Insurance		
Policy # _____	<input type="checkbox"/> Self Insurance	<input type="checkbox"/> Letter of Credit
Insurer _____	<input type="checkbox"/> Insurance Pool	<input type="checkbox"/> Surety Bond
Agent/Broker _____	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Other method allowed
Phone No. _____	<input type="checkbox"/> Guarantee	(specify) _____

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): \_\_\_\_\_ Title (print/type): \_\_\_\_\_

Signature: TOO Date Signed: \_\_\_\_\_

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (Mark only one)  Currently in Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Permanently Out of Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>2. Date of Installation (mo/yr)</b>	<u>7/93</u>	<u>7/93</u>			
<b>3. Total Capacity (gallons)</b>	<u>20,000 gal</u>	<u>20,000 gal</u>			
<b>4. Material of Construction</b> (mark all that apply)  Asphalt Coated or Bare Steel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Composite (Steel w/ Fiberglass) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Concrete <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fiberglass Reinforced Plastic <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Polyethylene Tank Jacket <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (specify) _____  Has tank been repaired? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>					
Double-walled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Excavation Liner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lined Interior <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>5. Piping (material)</b> (mark all that apply)  Bare Steel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fiberglass Reinforced Plastic <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Copper <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flexible Plastic <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (specify) _____  Cathodically Protected <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Double-walled <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Secondary Containment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					



**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>#1</u>	Tank No. <u>#2</u>	Tank No. _____	Tank No. _____	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Replaced</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Replaced</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Mixture of Substances Please specify	_____	_____	_____	_____	_____
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Date tank closed (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Tank was removed from ground	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tank filled with inert material	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>9. Site Assessment Completed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

State Use Only	
Facility ID Number	9292
Alt ID Number	NEW
Date Entered into Computer	
Data Clerk's Initials	
Owner Contacted to Clarify Response	
Comments	

\*\*\*\*\*

**TYPE OF NOTIFICATION:** (check one)

☐ New Facility ☐ Amended ☒ Closure

5 Number of tanks at facility

Number of continuation sheets attached

## I. OWNERSHIP INFORMATION:

Owner Name: U.S. D. A.

Owner ID

Street Address: B.A.R.C. Powder Mill Rd.

**TYPE OF OWNER:** (check one)

Mailing Address

(if different from above): 10300 Baltimore Ave

☒ Government

☐ Commercial

Beltville MD. 20705-2350

☒ Federal  
☐ State  
☐ Local

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

City

State

Zip Code

P.G.

County:

Non-Commercial

(301) 504-6005

Phone Number:

☐ Residential  
☐ Agricultural  
☐ Non-Profit Agency

Contact Person: CHRISTIAN A.W. OBIWEME

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: U.S.D.A. Barc.  
as applicable

Street Address: B.A.R.C. Powder Mill Rd.

Mailing Address (if different from above): 10300 Baltimore Ave Bldg 003 Room 221 BARC West

Beltville MD. 20705-2350

P.G.

City

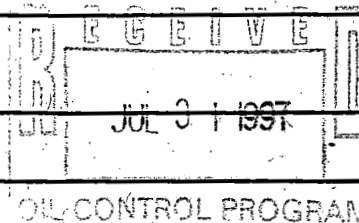
State

Zip Code

County

Phone Number: (301) 504-6005

Facility Operator: CHRISTIAN A.W. OBIWEME  
MDE 231 (rev. 12/96)



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: CHRISTIAN M. M. OBIWEME Job Title: ARL Energy Person  
spt  
 Address: 10300 BALTIMORE, Apt Bld 003 Phone Number: 301 504-5000  
Room 221 Barclay

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

☐ YES ☐ No

**Commercial Insurance**

Policy # \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Agent/Broker \_\_\_\_\_  
 Phone No \_\_\_\_\_

☐ Self Insurance  
☐ Insurance Pool  
☐ Risk Retention Group  
☐ Guarantee

☐ Letter of Credit  
☐ Surety Bond  
☐ Other method allowed  
 (specify) \_\_\_\_\_

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): \_\_\_\_\_ Title (print/type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>3390</u>	Tank No. <u>328</u>	Tank No. <u>340</u>	Tank No. <u>468</u>	Tank No. <u>191</u>
1. Status of Tank (Mark only one)					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input checked="" type="checkbox"/> <u>7/25/97</u>	<input checked="" type="checkbox"/> <u>7/25/97</u>	<input checked="" type="checkbox"/> <u>7/25/97</u>	<input checked="" type="checkbox"/> <u>7/25/97</u>	<input checked="" type="checkbox"/> <u>7/25/97</u>
2. Date of Installation (mo/yr)					
3. Total Capacity (gallons)	<u>1,000</u>	<u>1,000</u>	<u>1,000</u>	<u>1,000</u>	<u>1,000</u>
4. Material of Construction (mark all that apply)					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel w/ Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)					
Has tank been repaired?	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (material) (mark all that apply)					
Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)					
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>3390</u>	Tank No. <u>328</u>	Tank No. <u>340</u>	Tank No. <u>468</u>	Tank No. <u>191</u>
Alt. Tank ID Number	Tank No. <u>3390</u>	Tank No. <u>328</u>	Tank No. <u>340</u>	Tank No. <u>468</u>	Tank No. <u>191</u>
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixture of Substances Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	<u>7, 13, 97</u>	<u>7, 13, 97</u>	<u>7, 13, 97</u>	<u>7, 13, 97</u>	<u>7, 13, 97</u>
Date tank closed (mo/day/yr)	<u>7, 25, 97</u>	<u>7, 17, 97</u>	<u>7, 18, 97</u>	<u>7, 18, 97</u>	<u>7, 23, 97</u>
Tank was removed from ground	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___
Tank filled with inert material	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>
List material used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in service to non- regulated substance	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>
<b>9. Site Assessment Completed?</b>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>3390</u>	Tank No. <u>323</u>	Tank No. <u>340</u>	Tank No. <u>468</u>	Tank No. <u>191</u>
<b>10. Release Detection</b> (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
Manual tank gauging	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>					
Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill catch basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Stage I Vapor Recovery</b>	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
<b>13. Stage II Vapor Recovery</b>	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)*Removal***INSTALLER CERTIFICATION**

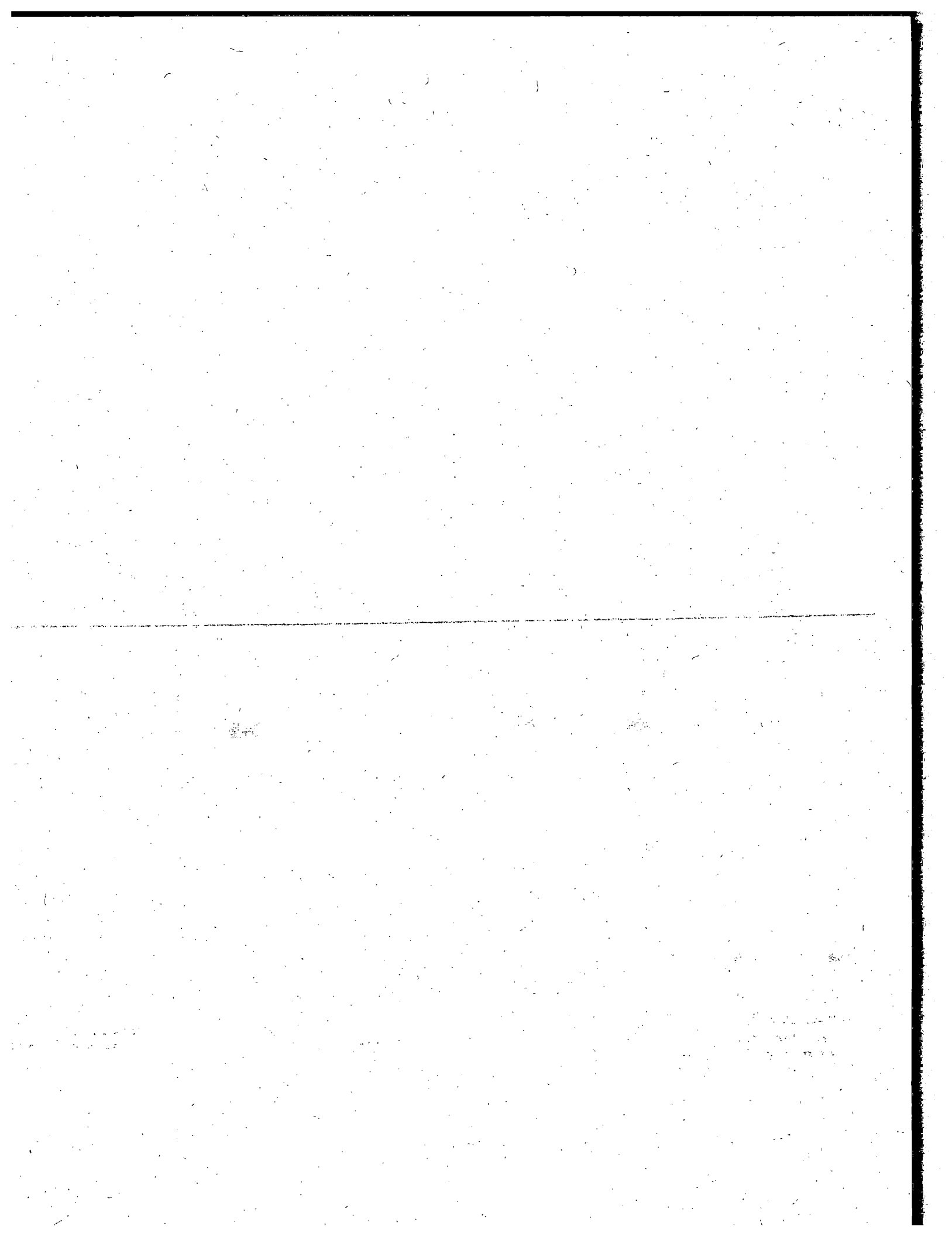
I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: Michael P. Koeth

Print Name

Signature

MDIC- 97-1473 (1)  
State ID NumberDate 7/25/97Company WASTE-TREAT OF MD.  
410-536-4200



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
\_\_\_\_\_ Number of continuation sheets attached

## State Use Only

Facility ID Number 9292

Alt ID Number 6 009815 PE

Date Entered into Computer 2-18-99

Data Clerk's Initials KV

Owner Contacted to Clarify Response \_\_\_\_\_

Comments \_\_\_\_\_

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above): \_\_\_\_\_

Beltsville MD 20705

City State Zip Code

Prince Georges

County: \_\_\_\_\_

( 301 ) 504-6005

Phone Number: \_\_\_\_\_

Contact Person: Christian Obineme

Owner ID: 6009815 03623

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address: 10300 Baltimore Ave., Bldg. 003, Rm. 221

Mailing Address (if different from above): \_\_\_\_\_

Beltsville MD 20705

City State Zip Code

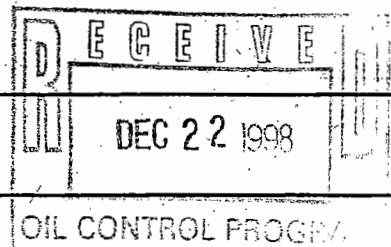
Prince Georges

County

Phone Number ( 301 ) 504-6005

Facility Operator: Christian Obineme

MDE 231 (rev. 12/96)





III. TYPE OF FACILITY: (check one)

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

IV. CONTACT PERSON IN CHARGE OF TANKS

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005  
Beltsville MD 20705

V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

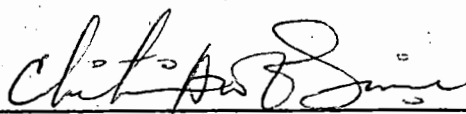
☒ YES ☐ No

<input type="checkbox"/> Commercial Insurance		
Policy # _____	<input checked="" type="checkbox"/> Self Insurance	<input type="checkbox"/> Letter of Credit
Insurer _____	<input type="checkbox"/> Insurance Pool	<input type="checkbox"/> Surety Bond
Agent/Broker _____	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Other method allowed
Phone No. _____	<input type="checkbox"/> Guarantee	(specify) _____

VI. CERTIFICATION (to be completed by owner or owner's representative)

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/22/98

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>027</u>	Tank No. <u>027</u>	Tank No. <u>445</u>	Tank No. <u>445</u>	Tank No. <u>447</u>
Alt. Tank ID Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
<b>1. Status of Tank</b> (Mark only one)  Currently in Use Temporarily Out of Use Permanently Out of Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Date of Installation (mo/yr)</b>	94	94	94	94	94
<b>3. Total Capacity (gallons)</b>	1,000	4,000	10,000	2,000	550
<b>4. Material of Construction</b> (mark all that apply)  Asphalt Coated or Bare Steel Cathodically Protected Steel Composite (Steel w/ Fiberglass) Concrete Fiberglass Reinforced Plastic Polyethylene Tank Jacket Unknown Other (specify) _____  Has tank been repaired? Yes ___ No <u>X</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Double-walled Excavation Liner Lined Interior	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>5. Piping (material)</b> (mark all that apply)  Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Flexible Plastic Unknown Other (specify) _____  Cathodically Protected Double-walled Secondary Containment	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. 027	Tank No. 027	Tank No. 445	Tank No. 445	Tank No. 447
Alt. Tank ID Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Mixture of Substances Please specify	_____	_____	_____	_____	_____
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Date tank closed (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Tank was removed from ground	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Tank filled with inert material	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>9. Site Assessment Completed?</b>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. 027	Tank No. 027	Tank No. 445	Tank No. 445	Tank No. 447					
Alt. Tank ID Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
<b>10. Release Detection</b> (mark all that apply)	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>
Manual tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spill catch basin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12. Stage I Vapor Recovery</b>	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____
<b>13. Stage II Vapor Recovery</b>	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____	Yes <input checked="" type="checkbox"/> No _____

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: \_\_\_\_\_

Print Name

Signature

MDIC- \_\_\_\_\_

State ID Number

Date

Company

*Tri-County*



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
\_\_\_\_\_ Number of continuation sheets attached

State Use Only	
Facility ID Number	<u>9292</u>
Alt ID Number	<u>6-009815</u>
Date Entered into Computer	<u>2-18-99</u>
Data Clerk's Initials	<u>KV</u>
Owner Contacted to Clarify Response	_____
Comments	_____

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above): \_\_\_\_\_

Beltsville MD 20705

City State Zip Code

Prince Georges

County: \_\_\_\_\_

( 301 ) 504-6005

Phone Number: \_\_\_\_\_

Contact Person: Christian Obineme

Owner ID: 6009815 05623

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address: 10300 Baltimore Ave., Building 003, Rm. 221

Mailing Address (if different from above): \_\_\_\_\_

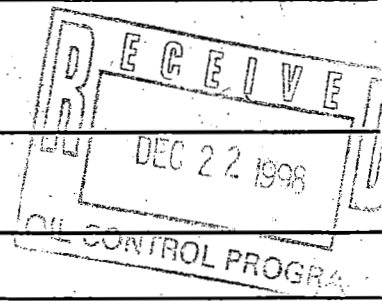
Beltsville MD 20705

City State Zip Code

Prince Georges  
County

Phone Number: ( 301 ) 504-6005

Facility Operator: Christian Obineme



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005  
Beltsville MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

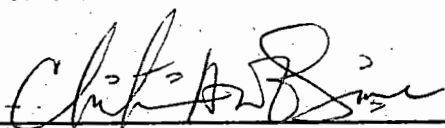
☒ YES ☐ No

<input type="checkbox"/> Commercial Insurance		
Policy # _____	<input checked="" type="checkbox"/> Self Insurance	<input type="checkbox"/> Letter of Credit
Insurer _____	<input type="checkbox"/> Insurance Pool	<input type="checkbox"/> Surety Bond
Agent/Broker _____	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Other method allowed
Phone No. _____	<input type="checkbox"/> Guarantee	(specify) _____

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: \_\_\_\_\_



# **VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u>7</u>	Tank No. <u>8</u>	Tank No. <u>4</u>	Tank No. <u>  </u>
Alt. Tank ID Number	Tank No. <u>165</u>	Tank No. <u>202</u>	Tank No. <u>309</u>	Tank No. <u>309</u>	Tank No. <u>  </u>
<b>1. Status of Tank</b> (Mark only one)					
Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Date of Installation (mo/yr)</b>	10/93	8/93	4/94	4/94	
<b>3. Total Capacity (gallons)</b>	20,000	20,000	20,000	20,000	
<b>4. Material of Construction</b> (mark all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel w/ Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tank been repaired?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Piping (material)</b> (mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# **VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>165</u>	Tank No. <u>202</u>	Tank No. <u>309</u>	Tank No. <u>309</u>	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No___
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Mixture of Substances Please specify	_____	_____	_____	_____	_____
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Date tank closed (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Tank was removed from ground	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
Tank filled with inert material	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
<b>9. Site Assessment Completed?</b>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>165</u>	Tank No. <u>202</u>	Tank No. <u>309</u>	Tank No. <u>309</u>	Tank No. <u>    </u>					
<b>10. Release Detection</b> (mark all that apply)	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>
Manual tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spill catch basin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12. Stage I Vapor Recovery</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>13. Stage II Vapor Recovery</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)

**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: \_\_\_\_\_

Print Name

Signature

MDIC

State ID Number

Date

Company

*Tri-County*



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
\_\_\_\_\_ Number of continuation sheets attached

### State Use Only

Facility ID Number 9292

All ID Number 6-009815

Date Entered into Computer 2/18/99

Data Clerk's Initials KV

Owner Contacted to Clarify Response \_\_\_\_\_

Comments \_\_\_\_\_

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above): \_\_\_\_\_

Beltsville MD 20705

City State Zip Code

Prince Georges

County: \_\_\_\_\_

(301) 504-6005

Phone Number: \_\_\_\_\_

Contact Person: Christian Obineme

Owner ID: 6009815 05623

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address: 10300 Baltimore Ave., Bldg. 003, Rm. 221

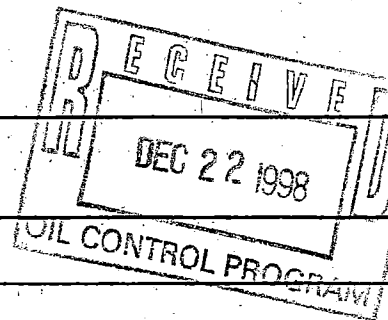
Mailing Address (if different from above): \_\_\_\_\_

Beltsville MD 20705  
City State Zip Code

Prince Georges  
County

Phone Number: (301) 504-6005

Facility Operator: Christian Obineme  
MDE 231 (rev. 12/96)



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005

Beltsville, MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

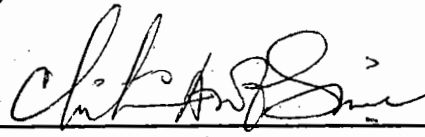
☒ YES ☐ No

<input type="checkbox"/> Commercial Insurance		
Policy # _____	<input checked="" type="checkbox"/> Self Insurance	<input type="checkbox"/> Letter of Credit
Insurer _____	<input type="checkbox"/> Insurance Pool	<input type="checkbox"/> Surety Bond
Agent/Broker _____	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Other method allowed
Phone No. _____	<input type="checkbox"/> Guarantee	(specify) _____

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/22/98

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>10</u>	Tank No. <u>11</u>	Tank No. <u>12</u>	Tank No. <u>13</u>	Tank No. _____
Alt. Tank ID Number	Tank No. <u>166</u>	Tank No. <u>166</u>	Tank No. <u>301</u>	Tank No. <u>301</u>	Tank No. _____
<b>1. Status of Tank</b> (Mark only one)					
Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo/yr)	7/94	7/94	5/96	5/96	
3. Total Capacity (gallons)	4,000	2,500	4,000	4,000	
<b>4. Material of Construction</b> (mark all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel w/ Fiberglass)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)					
Has tank been repaired?	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No___
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5. Piping (material)</b> (mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)					
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# **VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>166</u>	Tank No. <u>166</u>	Tank No. <u>301</u>	Tank No. <u>301</u>	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No___
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Mixture of Substances Please specify	_____	_____	_____	_____	_____
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Date tank closed (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Tank was removed from ground	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
Tank filled with inert material	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
<b>9. Site Assessment Completed?</b>	Yes <u>X</u> No___	Yes <u>X</u> No___	Yes <u>X</u> No___	Yes <u>X</u> No___	Yes___ No___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
Alt. Tank ID Number	Tank No. <u>166</u>	Tank No. <u>166</u>	Tank No. <u>301</u>	Tank No. <u>301</u>	Tank No. _____					
<b>10. Release Detection</b> (mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
Manual tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Spill catch basin	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>12. Stage I Vapor Recovery</b>	Yes <input checked="" type="checkbox"/> No _____		Yes <input checked="" type="checkbox"/> No _____		Yes <input checked="" type="checkbox"/> No _____		Yes <input checked="" type="checkbox"/> No _____		Yes _____ No _____	
<b>13. Stage II Vapor Recovery</b>	Yes <input checked="" type="checkbox"/> No _____		Yes <input checked="" type="checkbox"/> No _____		Yes <input checked="" type="checkbox"/> No _____		Yes <input checked="" type="checkbox"/> No _____		Yes _____ No _____	

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)

**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: \_\_\_\_\_

Print Name

MDIC- \_\_\_\_\_

State ID Number

Date

Signature

Company

*Tri-County*



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
\_\_\_\_\_ Number of continuation sheets attached

State Use Only	
Facility ID Number	<u>9293</u>
Alt ID Number	<u>6009815</u>
Date Entered into Computer	<u>2-18-98</u>
Data Clerk's Initials	<u>KV</u>
Owner Contacted to Clarify Response	_____
Comments	_____

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above): \_\_\_\_\_

Beltsville MD 20705

City State Zip Code

Prince Georges

County: \_\_\_\_\_

( 301 ) 504-6005

Phone Number: \_\_\_\_\_

Contact Person: Christian Obineme

Owner ID: 6009815 07623

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

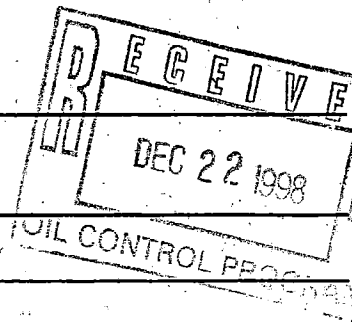
Street Address: 10300 Baltimore Ave. Rm. 221 Bldg. 003

Mailing Address (if different from above): \_\_\_\_\_

Beltsville MD 20705 Prince Georges  
City State Zip Code County

Phone Number ( 301 ) 504-6005

Facility Operator: Christian Obineme  
MDE 231 (rev. 12/96)



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005  
Beltsville MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

☒ YES ☐ No

☐ Commercial Insurance

Policy # \_\_\_\_\_

Insurer \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Phone No. \_\_\_\_\_

☒ Self Insurance

☐ Insurance Pool

☐ Risk Retention Group

☐ Guarantee

☐ Letter of Credit

☐ Surety Bond

☐ Other method allowed

(specify) \_\_\_\_\_

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/22/98

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>14</u>	Tank No. <u>15</u>	Tank No. <u>16</u>	Tank No. <u>17</u>	Tank No. <u>18</u>
Alt. Tank ID Number	Tank No. <u>085</u>	Tank No. <u>208</u>	Tank No. <u>261</u>	Tank No. <u>426</u>	Tank No. <u>427</u>
<b>1. Status of Tank</b> (Mark only one)  Currently in Use Temporarily Out of Use Permanently Out of Use	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>
<b>2. Date of Installation (mo/yr)</b>	5/91	6/94	6/94	5/91	6/91
<b>3. Total Capacity (gallons)</b>	1000	550	6000	2,000	550
<b>4. Material of Construction</b> (mark all that apply)  Asphalt Coated or Bare Steel Cathodically Protected Steel Composite (Steel w/ Fiberglass) Concrete Fiberglass Reinforced Plastic Polyethylene Tank Jacket Unknown Other (specify) _____  Has tank been repaired? Yes ___ No <u>X</u>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes ___ No <u>X</u>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes ___ No <u>X</u>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes ___ No <u>X</u>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes ___ No <u>X</u>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes ___ No <u>X</u>
Double-walled Excavation Liner Lined Interior	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input checked="" type="checkbox"/> X
<b>5. Piping (material)</b> (mark all that apply)  Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Flexible Plastic Unknown Other (specify) _____  Cathodically Protected Double-walled Secondary Containment	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>085</u>	Tank No. <u>208</u>	Tank No. <u>261</u>	Tank No. <u>426</u>	Tank No. <u>427</u>
<b>Alt. Tank ID Number</b>	Tank No. <u>085</u>	Tank No. <u>208</u>	Tank No. <u>261</u>	Tank No. <u>426</u>	Tank No. <u>427</u>
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #					
Other, please specify					
Mixture of Substances Please specify					
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	<u>  /  /  </u>	<u>  /  /  </u>	<u>  /  /  </u>	<u>  /  /  </u>	<u>  /  /  </u>
Date tank closed (mo/day/yr)	<u>  /  /  </u>	<u>  /  /  </u>	<u>  /  /  </u>	<u>  /  /  </u>	<u>  /  /  </u>
Tank was removed from ground	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tank filled with inert material	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
List material used	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Change in service to non- regulated substance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>9. Site Assessment Completed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Alt. Tank ID Number	Tank No. 085	Tank No. 208	Tank No. 261	Tank No. 426	Tank No. 427

	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
10. Release Detection (mark all that apply)										
Manual tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)										
11. Spill and Overfill Protection										
Overfill device installed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spill catch basin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Stage I Vapor Recovery	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>
13. Stage II Vapor Recovery	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>	Yes___ No <input checked="" type="checkbox"/>

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)

**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: \_\_\_\_\_  
 Print Name  
 MDIC- \_\_\_\_\_  
 State ID Number

Signature  
*Dewey East*  
 Company

Date





# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
\_\_\_\_\_ Number of continuation sheets attached

State Use Only	
Facility ID Number	9292
Alt ID Number	6-009815
Date Entered into Computer	2-8-99
Data Clerk's Initials	KV
Owner Contacted to Clarify Response	
Comments	

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above): \_\_\_\_\_

Beltsville MD 20705  
City State Zip Code

Prince Georges

County: \_\_\_\_\_

( 301 ) 504-6005

Phone Number: \_\_\_\_\_

Contact Person: Christian Obineme

Owner ID: 6009815 05623

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address: 10300 Baltimore Ave. Bldg. 003, Rm. 221

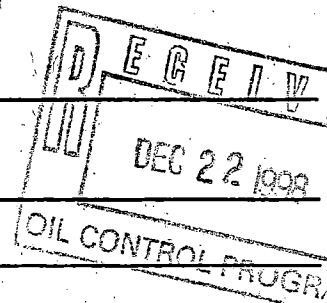
Mailing Address (if different from above): \_\_\_\_\_

Beltsville MD 20705  
City State Zip Code

Prince Georges  
County

Phone Number: ( 301 ) 504-6005

Facility Operator: Christian Obineme  
MDE 231 (rev. 12/96)



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005

Beltsville MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H


☒ YES ☐ No

<input type="checkbox"/> Commercial Insurance		
Policy # _____	<input checked="" type="checkbox"/> Self Insurance	<input type="checkbox"/> Letter of Credit
Insurer _____	<input type="checkbox"/> Insurance Pool	<input type="checkbox"/> Surety Bond
Agent/Broker _____	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Other method allowed
Phone No. _____	<input type="checkbox"/> Guarantee	(specify) _____

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/21/98

## VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>10</u>	Tank No. <u>20</u>	Tank No. <u>21</u>	Tank No. <u>22</u>	Tank No. _____
Alt. Tank ID Number	Tank No. <u>431</u>	Tank No. <u>445</u>	Tank No. <u>NAL</u>	Tank No. <u>NAL</u>	Tank No. _____
<b>1. Status of Tank</b> (Mark only one)					
Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo/yr)	4/92	6/94	8/91	8/91	
3. Total Capacity (gallons)	1,000	4,000	20,000	1,000	
<b>4. Material of Construction</b> (mark all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel w/ Fiberglass)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____					
Has tank been repaired?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5. Piping (material)</b> (mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____					
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. 431	Tank No. 445	Tank No. NAL	Tank No. NAL	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #					
Other, please specify					
Mixture of Substances Please specify					
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Date tank closed (mo/day/yr)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tank was removed from ground	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
Tank filled with inert material	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
List material used					
Change in service to non- regulated substance	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
<b>9. Site Assessment Completed?</b>	Yes <input checked="" type="checkbox"/> No___	Yes <input checked="" type="checkbox"/> No___	Yes <input checked="" type="checkbox"/> No___	Yes <input checked="" type="checkbox"/> No___	Yes___ No___

# **VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
Alt. Tank ID Number	Tank No. <u>431</u>	Tank No. <u>445</u>	Tank No. <u>NAL</u>	Tank No. <u>NAL</u>	Tank No. _____					
<b>10. Release Detection</b> (mark all that apply)	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spill catch basin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12. Stage I Vapor Recovery</b>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>
<b>13. Stage II Vapor Recovery</b>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>	Yes___ No <u>X</u>

# **VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)

## **INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: \_\_\_\_\_  
Print Name

Signature

MDIC

State ID Number

Date

Company



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
Number of continuation sheets attached

State Use Only	
Facility ID Number	9292
Alt ID Number	6-009815
Date Entered into Computer	2-18-99
Data Clerk's Initials	LV
Owner Contacted to Clarify Response	
Comments	

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above):

Beltsville MD 20705

City State Zip Code

Prince Georges

County:

( 301 ) 504-6005

Phone Number:

Contact Person: Christian Obineme

Owner ID: 6009815 5633

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address: 10300 Baltimore Ave. Bldg. 003, Rm. 221

Mailing Address (if different from above):

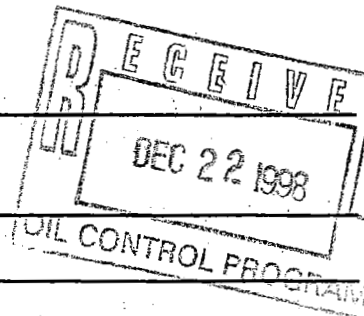
Beltsville MD 20705

City State Zip Code

Prince Georges  
County

Phone Number: ( 301 ) 504-6005

Facility Operator: Christian Obineme  
MDE 231 (rev. 12/96)





**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005  
Beltsville MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

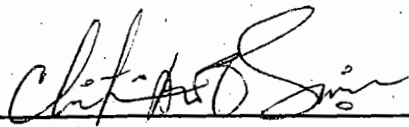
☒ YES ☐ No

<input type="checkbox"/> Commercial Insurance		
Policy # _____	<input checked="" type="checkbox"/> Self Insurance	<input type="checkbox"/> Letter of Credit
Insurer _____	<input type="checkbox"/> Insurance Pool	<input type="checkbox"/> Surety Bond
Agent/Broker _____	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Other method allowed
Phone No. _____	<input type="checkbox"/> Guarantee	(specify) _____

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/22/98

# **VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>303</u>	Tank No. <u>236</u>	Tank No. <u>208</u>	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>303</u>	Tank No. <u>236</u>	Tank No. <u>208</u>	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (Mark only one) <div>             Currently in Use <input checked="" type="checkbox"/> </div> <div>             Temporarily Out of Use <input type="checkbox"/> </div> <div>             Permanently Out of Use <input type="checkbox"/> </div>					
<b>2. Date of Installation (mo/yr)</b>	3/95	5/91	6/94		
<b>3. Total Capacity (gallons)</b>	3,000	550	550		
<b>4. Material of Construction</b> (mark all that apply) <div>             Asphalt Coated or Bare Steel <input type="checkbox"/> </div> <div>             Cathodically Protected Steel <input type="checkbox"/> </div> <div>             Composite (Steel w/ Fiberglass) <input checked="" type="checkbox"/> </div> <div>             Concrete <input type="checkbox"/> </div> <div>             Fiberglass Reinforced Plastic <input type="checkbox"/> </div> <div>             Polyethylene Tank Jacket <input type="checkbox"/> </div> <div>             Unknown <input type="checkbox"/> </div> <div>             Other (specify) _____           </div> <div>             Has tank been repaired? Yes ___ No <u>X</u> </div>					
<div>             Double-walled <input checked="" type="checkbox"/> </div> <div>             Excavation Liner <input type="checkbox"/> </div> <div>             Lined Interior <input checked="" type="checkbox"/> </div>					
<b>5. Piping (material)</b> (mark all that apply) <div>             Bare Steel <input type="checkbox"/> </div> <div>             Galvanized Steel <input type="checkbox"/> </div> <div>             Fiberglass Reinforced Plastic <input checked="" type="checkbox"/> </div> <div>             Copper <input type="checkbox"/> </div> <div>             Flexible Plastic <input type="checkbox"/> </div> <div>             Unknown <input type="checkbox"/> </div> <div>             Other (specify) _____           </div>					
<div>             Cathodically Protected <input type="checkbox"/> </div> <div>             Double-walled <input checked="" type="checkbox"/> </div> <div>             Secondary Containment <input type="checkbox"/> </div>					

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>303</u>	Tank No. <u>236</u>	Tank No. <u>208</u>	Tank No. _____	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No ___	Yes ___ No ___
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Mixture of Substances Please specify	_____	_____	_____	_____	_____
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Date tank closed (mo/day/yr)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Tank was removed from ground	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Tank filled with inert material	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>9. Site Assessment Completed?</b>	Yes <u>X</u> No ___	Yes <u>X</u> No ___	Yes <u>X</u> No ___	Yes ___ No ___	Yes ___ No ___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>303</u>	Tank No. <u>236</u>	Tank No. <u>208</u>	Tank No. _____	Tank No. _____					
Alt. Tank ID Number	Tank No. <u>303</u>	Tank No. <u>236</u>	Tank No. <u>208</u>	Tank No. _____	Tank No. _____					
<b>10. Release Detection</b> (mark all that apply)	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>
Manual tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill catch basin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Stage I Vapor Recovery</b>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>13. Stage II Vapor Recovery</b>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: \_\_\_\_\_

Print Name

Signature

MDIC- \_\_\_\_\_

State ID Number

Date

Company



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
\_\_\_\_\_ Number of continuation sheets attached

State Use Only	
Facility ID Number	<u>9242</u>
Alt ID Number	<u>6-004015A</u>
Date Entered into Computer	<u>2-13-99</u>
Data Clerk's Initials	<u>LV</u>
Owner Contacted to Clarify Response	_____
Comments	_____

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above): \_\_\_\_\_

Beltsville MD 20705

City State Zip Code

Prince Georges

County: \_\_\_\_\_

( 301 ) 504-6005

Phone Number: \_\_\_\_\_

Contact Person: Christian Obineme

Owner ID: 6009815 0423

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address: \_\_\_\_\_

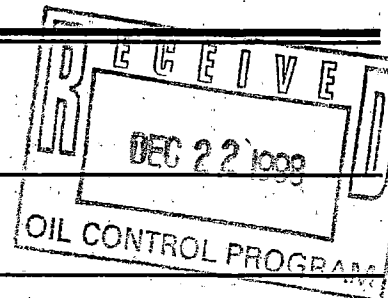
Mailing Address (if different from above): \_\_\_\_\_

Beltsville MD 20705 Prince Georges

City State Zip Code County

Phone Number ( 301 ) 504-6005

Facility Operator: Christian Obineme



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005  
Beltsville, MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

☒ YES ☐ No

☐ Commercial Insurance

Policy # \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Agent/Broker \_\_\_\_\_  
 Phone No. \_\_\_\_\_

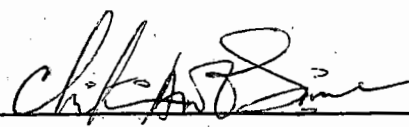
☒ Self Insurance  
☐ Insurance Pool  
☐ Risk Retention Group  
☐ Guarantee

☐ Letter of Credit  
☐ Surety Bond  
☐ Other method allowed  
 (specify) \_\_\_\_\_

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/22/98

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>25</u>	Tank No. <u>26</u>	Tank No. <u>27</u>	Tank No. <u>28</u>	Tank No. _____
Alt. Tank ID Number	Tank No. <u>BDE # 470</u>	Tank No. <u>BDE # 186</u>	Tank No. <u>BDE # 215</u>	Tank No. <u>BDE # 405</u>	Tank No. _____
1. Status of Tank (Mark only one)					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo/yr)	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	
3. Total Capacity (gallons)	<u>2,000 gal</u>	<u>550 gal</u>	<u>550 gal</u>	<u>5,000 gal</u>	
4. Material of Construction (mark all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel w/ Fiberglass)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tank been repaired?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Double-walled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (material) (mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copper	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>BUD-470</u>	Tank No. <u>BUD-186</u>	Tank No. <u>BUD-215</u>	Tank No. <u>BUD-405</u>	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Mixture of Substances Please specify	_____	_____	_____	_____	_____
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>	____/____/____
Date tank closed (mo/day/yr)	<u>7, 13, 98</u>	<u>7, 15, 98</u>	<u>7, 15, 98</u>	<u>7, 21, 98</u>	____/____/____
Tank was removed from ground	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___
Tank filled with inert material	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>9. Site Assessment Completed?</b>	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
Alt. Tank ID Number	Tank No. <u>47D</u>	Tank No. <u>186</u>	Tank No. <u>215</u>	Tank No. <u>405</u>	Tank No. _____					
<b>10. Release Detection</b> (mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
Manual tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Spill catch basin	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>12. Stage I Vapor Recovery</b>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>13. Stage II Vapor Recovery</b>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)

**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: \_\_\_\_\_  
Print Name

Signature

MDIC-

State ID Number

Date

Company



# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility

       Number of continuation sheets attached

State Use Only	
Facility ID Number	<u>9292</u>
AIR ID Number	<u>6009815 PG</u>
Date Entered into Computer	<u>2-18-99</u>
Data Clerk's Initials	<u>KV</u>
Owner Contacted to Clarify Response	<u>      </u>
Comments	<u>      </u>

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address

(if different from above):       

Beltsville MD 20705  
City State Zip Code

Prince Georges

County:       

( 301 ) 504-6005

Phone Number:       

Contact Person: Christian Obineme

Owner ID: 6009815 05623

## TYPE OF OWNER: (check one)

Government

☒ Federal  
☐ State  
☐ Local

Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address:       

Mailing Address (if different from above):       

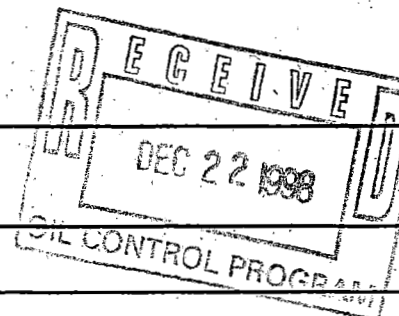
Beltsville MD 20705  
City State Zip Code

Prince Georges  
County

Phone Number: ( 301 ) 504-6005

Facility Operator: Christian Obineme

MDE 231 (rev. 12/96)



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005

Beltsville MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

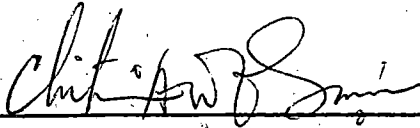
☒ YES ☐ No

<input type="checkbox"/> Commercial Insurance	<input checked="" type="checkbox"/> Self Insurance	<input type="checkbox"/> Letter of Credit
Policy # _____	<input type="checkbox"/> Insurance Pool	<input type="checkbox"/> Surety Bond
Insurer _____	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Other method allowed
Agent/Broker _____	<input type="checkbox"/> Guarantee	(specify) _____
Phone No. _____		

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/22/98

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>29</u>	Tank No. <u>30</u>	Tank No. <u>31</u>	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>BDE # 289</u>	Tank No. <u>BDE # 209</u>	Tank No. <u>BDE # 223</u>	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (Mark only one)  Currently in Use Temporarily Out of Use Permanently Out of Use	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2. Date of Installation (mo/yr)</b>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>		
<b>3. Total Capacity (gallons)</b>	<u>1,000 gal</u>	<u>550 gal</u>	<u>1,000 gal</u>		
<b>4. Material of Construction</b> (mark all that apply)  Asphalt Coated or Bare Steel Cathodically Protected Steel Composite (Steel w/ Fiberglass) Concrete Fiberglass Reinforced Plastic Polyethylene Tank Jacket Unknown Other (specify) _____  Has tank been repaired? Yes ___ No <u>X</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No <u>X</u>	Yes ___ No ___	Yes ___ No ___
Double-walled Excavation Liner Lined Interior	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>5. Piping (material)</b> (mark all that apply)  Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Flexible Plastic Unknown  Other (specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cathodically Protected Double-walled Secondary Containment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>BUX # 289</u>	Tank No. <u>BUX # 209</u>	Tank No. <u>BUX # 288</u>	Tank No. _____	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No ___	Yes ___ No ___
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS #	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Mixture of Substances Please specify	_____	_____	_____	_____	_____
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	____/____/____	____/____/____
Date tank closed (mo/day/yr)	<u>8, 12, 98</u>	<u>8, 11, 98</u>	<u>5, 28, 98</u>	____/____/____	____/____/____
Tank was removed from ground	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___
Tank filled with inert material	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>9. Site Assessment Completed?</b>	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
Alt. Tank ID Number	Tank No. <u>RDY-289</u>	Tank No. <u>RDY-289</u>	Tank No. <u>RDY-288</u>	Tank No. _____	Tank No. _____					
<b>10. Release Detection</b> (mark all that apply)	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>	<b>TANK</b>	<b>PIPING</b>
Manual tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill catch basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Stage I Vapor Recovery</b>	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
<b>13. Stage II Vapor Recovery</b>	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)

**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: JAMES OATES  
Print Name

Signature *James Oates*

MDIC- 97-1325  
State ID Number

9/14/98  
Date

WASTE TREN OF MD  
Company





# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment  
Oil Control Program  
2500 Broening Highway  
Baltimore MD 21224

\*\*\*\*\*

## TYPE OF NOTIFICATION: (check one)

☐ New Facility ☒ Amended ☐ Closure

24 Number of tanks at facility  
\_\_\_\_\_ Number of continuation sheets attached

### State Use Only

Facility ID Number 9292

Alt ID Number 6009815 P

Date Entered into Computer 2-18-99

Data Clerk's Initials KV

Owner Contacted to Clarify Response \_\_\_\_\_

Comments \_\_\_\_\_

## I. OWNERSHIP INFORMATION:

Owner Name: Agricultural Research Service BARC

Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 221

Mailing Address  
(if different from above): \_\_\_\_\_

Beltsville MD 20705

City State Zip Code

Prince Georges

County: \_\_\_\_\_

( 301 ) 504-6005

Phone Number: \_\_\_\_\_

Contact Person: Christian Obineme

Owner ID: 6009815

## TYPE OF OWNER: (check one)

### Government

☒ Federal  
☐ State  
☐ Local

### Commercial

☐ Corporation  
☐ Company  
☐ Partnership  
☐ Individual

### Non-Commercial

☒ Residential  
☐ Agricultural  
☐ Non-Profit Agency

## II. LOCATION OF TANK(S)

Facility Name or  
Company Site Identifier: Beltsville Agricultural Research Center  
as applicable

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

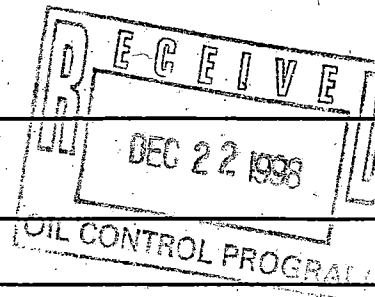
Beltsville MD 20705

City State Zip Code

Phone Number: ( 301 ) 504-6005

Facility Operator: Christian Obineme

MDE 231 (rev. 12/96)



**III. TYPE OF FACILITY: (check one)**

<input checked="" type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Private Home
<input type="checkbox"/> Federal Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Apt. / Condo
<input type="checkbox"/> Educational	<input type="checkbox"/> Trucking / Transport	<input type="checkbox"/> Farm / Nursery
<input type="checkbox"/> Fire/Rescue/Ambulance	<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina
<input type="checkbox"/> Public Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Store
<input type="checkbox"/> Utilities	<input type="checkbox"/> Airline	<input type="checkbox"/> Office
<input type="checkbox"/> Railroad	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Other _____

**IV. CONTACT PERSON IN CHARGE OF TANKS**

Name: Christian Obineme Job Title: Area Energy Conservation Specialist

Address: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6005

Beltsville MD 20705

**V. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet)**

I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H

☒ YES ☐ No

☐ Commercial Insurance

Policy # \_\_\_\_\_

Insurer \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Phone No. \_\_\_\_\_

☒ Self Insurance

☐ Insurance Pool

☐ Risk Retention Group

☐ Guarantee

☐ Letter of Credit

☐ Surety Bond

☐ Other method allowed

(specify) \_\_\_\_\_

**VI. CERTIFICATION (to be completed by owner or owner's representative)**

I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete.

Name (print/type): Christian Obineme Title (print/type): Area Energy Conservation Specialist

Signature:  Date Signed: 12/22/98

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. <u>32</u>	Tank No. <u>33</u>	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>327</u>	Tank No. <u>1160</u>	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (Mark only one)					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo/yr)	<u>1-93</u>	<u>1-93</u>			
3. Total Capacity (gallons)	<u>550</u>	<u>4000</u>			
4. Material of Construction (mark all that apply)					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel w/ Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	_____	_____	_____	_____	_____
Has tank been repaired?	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Double-walled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (material) (mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	_____	_____	_____	_____	_____
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Alt. Tank ID Number	Tank No. <u>327</u>	Tank No. <u>1160</u>	Tank No. _____	Tank No. _____	Tank No. _____
<b>6. Piping (Type)</b> (mark all that apply)					
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: no valve at tank (Safe Suction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank (U.S. Suction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No <input checked="" type="checkbox"/>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance					
CERCLA name and/or CAS #					
Other, please specify					
Mixture of Substances					
Please specify					
<b>8. Closing of Tank</b>					
Estimated date last used (mo/day/yr)	<u>11, 11, 97</u>	<u>11, 11, 97</u>	____/____/____	____/____/____	____/____/____
Date tank closed (mo/day/yr)	<u>11, 18, 97</u>	<u>11, 18, 97</u>	____/____/____	____/____/____	____/____/____
Tank was removed from ground	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Tank filled with inert material	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
List material used	_____	_____	_____	_____	_____
Change in service to non- regulated substance	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>9. Site Assessment Completed?</b>	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (complete for each tank at this facility)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
Alt. Tank ID Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
<b>10. Release Detection</b> (mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
Manual tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other method allowed (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>11. Spill and Overfill Protection</b>										
Overfill device installed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill catch basin	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>12. Stage I Vapor Recovery</b>	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
<b>13. Stage II Vapor Recovery</b>	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

**VIII. CERTIFICATION OF COMPLIANCE** (complete for all new and upgraded tanks at this location)

**INSTALLER CERTIFICATION**

I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.

Installer: NICHOLAS ENGLE  
Print Name

[Signature]  
Signature

MDIC-98 0534  
State ID Number

11-25-98  
Date

WASTE-TRON OF MD  
Company



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(301) 631-3442

Date 10 / 31 / 97

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

N/N

Site Name: Brown 0108

Facility # \_\_\_\_\_

Address: Baltimore Md

Case # 98-0933 PG2

OPEN CLOSE

INITIAL FOLLOW-UP

- 1a. 1 Tank(s) removed  
1b. N/A Tank(s) abandoned in place  
2. Has an environmental assessment been completed? YES ☐ NO ☒  
3. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐  
4. Has all liquid been removed from tank(s)? YES ☒ NO ☐  
5. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐  
6. Were perforations observed during visual inspection of tank or piping? YES ☐ NO ☒

Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
<u>1</u>	<u>Diesel</u>	<u>5</u>	<u>2500</u>	<u>FG2</u>	<u>Fan</u>	<u>Y</u>	<u>97</u>	<u>Tank 16 To RS</u>
								<u>RECYCLED</u>

7. Is groundwater contaminated? YES ☐ NO ☒ NOT VISIBLY DETECTABLE AT THIS TIME ☐

8. Is soil contaminated? YES ☐ NO ☐ NOT VISIBLY DETECTABLE AT THIS TIME ☒

Were contaminated soils removed? YES ☐ NO ☐

If YES: Disposal site? \_\_\_\_\_

If NO: ☐ Removal of soils not required

Quantity: \_\_\_\_\_

9. Submit additional information to this Administration within 30 days

☐ Daily inventory records from \_\_\_\_\_ to \_\_\_\_\_ ☐ Past testing info. ☐ All repair work info.

☒ All documentation associated with tank removal/abandonment:

including: A COPY OF THE TANK CERTIFICATION IS TO BE SUBMITTED TO THE ADMINISTRATION

☐ Other: \_\_\_\_\_

10. ACTIONS REQUIRED BY THIS ADMINISTRATION, WITHIN \_\_\_\_\_ DAYS/IMMEDIATELY

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ PUMP OUT LIQUID

☐ STOP OPERATIONS

☐ MONITORING WELL(S) REQUIRED IN LOCATION(S) SPECIFIED BELOW

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_

(SUBMIT TWO COPIES)

☒ AMEND NOTIFICATION FORM

11. Comments:

Contractor: R.J. Newman Inc. 301-595-9410 CERTIFIED INSURER  
ON SITE MAIL 98-0917  
KENNETH J LAFLAND  
419 ANNAPOLIS AVE  
BALTIMORE MD 21225 Exp Jan 1, 98  
END

12. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Jeffery W. Marshall

Contact person's name (printed) and signature: \_\_\_\_\_

Contractor's name (printed) and signature: \_\_\_\_\_

PHOTOS TAKEN ☐

ADDITIONAL COMMENTS PAGE ☐

SITE SKETCH ☐



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 5.26.98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 97-1017P62

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: BARC # 288

Address: Bearman Dan Rd Beltsville

1a. 1 Tank(s) removed

1b. 0 Tank(s) abandoned in-place

2. 1 Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	#2 oil	20+	Steel	Steel	N	N	Steel	

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Nicholas Eagle MDIC 98-0534(T) Exp. 6/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(1) 200 #2 oil UST removed from In front of Bldg. 288. Tank free of Perforations. Soil free of stain/odor. Microtyp Below 100 ppm Excavation OK to Backfill  
(1) Waste tank on Site Clean, UST.

12. Has inspector completed: Site Sketch? ☒ YES ☐ NO

Site Photographs? ☒ YES ☐ NO

13. Were tanks labeled? ☒ YES (describe in item 11) ☐ NO

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: Dan O'Neil

Contractor's name (printed) and signature: Waste Team



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 12/21/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # 99-1582 PC

Case # \_\_\_\_\_

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: Banc Bldg 236

Address: Poultry Rd

1a. 1 Tank(s) removed

1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☒ NO ☐

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>4+</u>	<u>550</u>	<u>Total Cont</u>	<u>N</u>	<u>N</u>	<u>Copper / FRP</u>	<u>Cut up on Site</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN \_\_\_\_\_ DAYS OF THE OWNER BY THIS ADMINISTRATION:

☐ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two co

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Robert Ziegler 98-1604 (T) Exp. 10/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

4550 UST removed. Soils Beneath Screened w/ microtip - all (3) readings Below 10 ppm. Gravel Backfill. NO Stain/odor. O.K To Backfill. NO Further action

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany - Susan T.

Contact person's name (printed) and signature: Dan G. [Signature]

Contractor's name (printed) and signature: Waste Tron - [Signature]



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 11/9/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-1178 PL

OPEN ☒ CLOSE ☐

INITIAL FOLLOW-UP ☒

Site Name: Bare - Bldg 029

Address: Shop Rd Beltsville

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☒ NO ☐

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2011</u>	<u>30+</u>	<u>4000</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Copper</u>	<u>P.C. Scrap</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two c

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Robert Ziegler 98-11006 (T) Exp 10/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

UST Removed. Free of perforations. Soils Beneath Screened & Microtys - 49.9 ppm. Excavation OK To Backfill. No stain/odor in Soils.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Hefner

Contact person's name (printed) and signature: Bob Ziegler

Contractor's name (printed) and signature: Waste Trans



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 11/4/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-1199 P6

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: Bare Blks 254

Address: Bultry Rd

1a. 1 Tank(s) removed 1b. 0 Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES



NO



4. Has piping been properly abandoned?

YES



NO



UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES



NO



6. Have tank(s) been purged of explosive or combustible vapors?

YES



NO



Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>20+</u>	<u>5000</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Steel</u>	<u>P6 Scrap</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two c

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Robert Ziegler 98-1606(T) Exp 10/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

WSK Removed from rear of Blk. Soils from Beneath Screened  
w/ microtip - reaching 70ppm and Below. Excavation  
tight Clay Soils. OK To Backfill.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: Bob Ziegler

Contractor's name (printed) and signature: Waste from Inc

Barb Brown

Barb Brown



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 12/9/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-1436 P6

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: USDA - Bldg 470 A

Address: Entomology Rd Beltsville

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☒ NO ☐

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2oil</u>	<u>20+</u>	<u>5000</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Steel</u>	<u>P6 Scrap</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: James Oates

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

USK UST removed from front of Bldg. Red Clay type Soils.  
Soils beneath UST checked by microtip - 83 ppm. O.K. to  
Backfill. No stain/odor in soil. Tank in Good Shape

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffan Susan Tiffan

Contact person's name (printed) and signature: USDA New York USDA

Contractor's name (printed) and signature: Wastecon - J. OATES J. Oates



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 12/11/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 98-2512

OPEN ☐ CLOSE ☒  
INITIAL FOLLOW-UP ☒

Site Name: USDA Bldg 3  
Address: 11601 Old Pond Rd

1a. 1 Tank(s) removed 1b. 1 Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☒

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2011</u>	<u>20+</u>	<u>550</u>	<u>Steel</u>	<u>—</u>	<u>—</u>	<u>Copper</u>	<u>In Place</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank & Slurry Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two co

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: James Oates 97-1325(T) Exp. 12/1/99

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(1) 550 UST filled in place. UST located Rect Bldg + Linc  
Large tank (1) Soil Sample to be collected from beneath UST  
Analyze for TPH, Deo + Napthalene Submit Results

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: USDA - Dave Johnson

Contractor's name (printed) and signature: Waste Man - James Oates



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 11/15/99  
Time In: \_\_\_\_\_  
Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 2000-0440 P62

☒ OPEN ☐ CLOSE  
☐ INITIAL ☒ FOLLOW-UP

Site Name: USDA - BARC Bldg 029  
Address: Pine Loop Beltsville

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tank(s) abandoned in-place

2. 2 Number of USTs remaining on-site  
3. Has an environmental assessment been completed? YES ☐ NO ☒  
4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐  
5. Has all liquid been removed from tank(s)? YES ☒ NO ☐  
6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>Diesel</u>	<u>5+</u>	<u>1000</u>	<u>Total Cont.</u> <u>Clad Steel</u>	<u>N</u>	<u>N</u>	<u>FRP</u>	<u>Jos. Smith's</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒  
8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐  
8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

- ☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL  
☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

- ☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:  
Tank Disposal Receipt  
☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_  
☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11  
☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)  
☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON  
☐ OTHER: Robert Ziegler 98-1606CTD Exp. 10/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

UIC Removed from Behind Pump Bldg Gravel Area of Stair (Order Micr  
faulted out DUST lines in good condition D.O.K TO Backfill)  
Vent Reser must Be Removed

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO Site Photographs? ☐ YES ☒ NO

13. Were tanks labeled? ☐ YES (describe in item 11) ☒ NO

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan T. Hagan  
Contact person's name (printed) and signature: Cheryl Addison  
Contractor's name (printed) and signature: WASTE TRON - R Bob G... 261-564-5474



State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224

CASE # 98-0725 PG

Report of Observations

Type of Inspection/Observation: \_\_\_\_\_ Date 10/31/97

Facility Name: Dome Shop 010A

Remarks: ONE 2500 gm Dome Double Window Fireglass  
Tank removed. NO visible penetrations Tank will be  
requalified for use. Less than 5 yrs old  
There will be a new AST installed after back

Filling

REQUIREMENTS

1) Take 1 Sample From THE Bottom of THE Excavation  
Sample For TPH in THE 0.20 to 0.40 Range using EPA  
Method 8015 Method

Submit THE Sample Results To THE Administration  
By 30, Nov. 97 For Review For Case Closure  
on ADDITIONAL REQUIREMENTS

TIME IN:

Observer: JFF Munch

TIME OUT:

Person Interviewed: KEN FRELAND  
Rn Chula



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 8/5/97

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 97-0267 PFL

OPEN ☒ INITIAL ☐ CLOSE ☐ FOLLOW-UP ☐

Site Name: Bore 334

Address: \_\_\_\_\_

1a. 1 Tank(s) removed 1b. N/A Tank(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☒

4. Has piping been properly abandoned?

YES ☐ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)?

YES ☐ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☐ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#201L</u>	<u>50+</u>	<u>550</u>	<u>STEEL</u>	<u>N</u>	<u>N</u>	<u>STEEL</u>	<u>John Joseph</u>
								<u>Yan</u>

7. Is groundwater contaminated? YES ☐ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

A copy of the Tank Disposal Receipt is to be submitted to the Administration

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

Continuation of Waste Tank 410-536 4200 Form 4 certified

TECH ON SITE MADE 97-1437 Exp. Mar 1-99

Michael Paul Knott Jr, 5254 WENTZ RD.

Manchester Md. 21102

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO Site Photographs? ☐ YES ☒ NO

13. Were tanks labeled? ☒ YES (describe in item 11) ☐ NO Bore 334

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Jeff Marshall

Contact person's name (printed) and signature: Dan Johnson

Contractor's name (printed) and signature: Michael P. Knott Jr



Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224

Report of Observations

CASE # 98-026308

FACILITY I.D. # \_\_\_\_\_

Type of Inspection/Observation: \_\_\_\_\_ Date 8/5/97

Facility Name: Bell Bay 334

Remarks: \_\_\_\_\_

1 - 550 gal STEEL TANK REMOVED NO PERTINENT  
OR ODOM IN THE SOIL OK TO BACK FILL WITH  
EXISTING SOIL  
COST WILL BE PAID WHEN TANK DISPOSAL  
RECEIPT HAS BEEN RECEIVED

TIME OUT

TIME OUT: \_\_\_\_\_

Observer: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_

# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 8/6/97

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 95-0264-062

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: Bou 335

Address: \_\_\_\_\_

1a. 1 Tank(s) removed 1b. N/A Tank(s) abandoned in-place

2. N/A Number of USTs remaining on-site
3. Has an environmental assessment been completed? YES ☐ NO ☒
4. Has piping been properly abandoned? YES ☐ NO ☐ UNKNOWN ☐
5. Has all liquid been removed from tank(s)? YES ☐ NO ☐
6. Have tank(s) been purged of explosive or combustible vapors? YES ☐ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>2 oil</u>	<u>20+</u>	<u>550</u>	<u>STEEL</u>	<u>N</u>	<u>N</u>	<u>STEEL</u>	<u>Joseph's Yard</u>

7. Is groundwater contaminated? YES ☐ NO ☒ NOT DETECTABLE AT THIS TIME ☐
8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

- ☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL
- ☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

- ☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:  
A copy of the Tank Disposal Receipt to be submitted to this Administration by 6, Sept 97
- ☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_
- ☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11
- ☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)
- ☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: Disposal Receipts are Required per Closure

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

Contractor Waste Trans 410-536-4200 Foreman + CERTIFIED  
TECH ON SITE Mike 97-1437 Exp 3-1-98  
Michael Owen Knott Sr 5254 WENTZ RD  
MANCHESTER MD 21102

12. Has inspector completed: Site Sketch? ☐ YES ☐ NO Site Photographs? ☐ YES ☐ NO

13. Were tanks labeled? ☐ YES (describe in item 11) ☐ NO

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Jeff Marshall Jeff Marshall

Contact person's name (printed) and signature: Michael Owen Knott Sr

Contractor's name (printed) and signature: Michael Owen Knott Sr



Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224

Report of Observations

CASE # 98 0267 CG

FACILITY I.D. # \_\_\_\_\_

Type of Inspection/Observation: \_\_\_\_\_ Date 8/6/97

Facility Name: Bore 335

Remarks: \_\_\_\_\_

1 - 550 gal STEEL TANK REMOVED, PITTED WITH  
NO VISIBLE PERFORATION & NO ODS IN THE SOIL  
OR TO BACK FILL CASE 1.111 OF CLOSED WHEN TANK  
DISPOSAL RECEIPT HAS BEEN RECEIVED

TIME OUT

TIME OUT: Due to [Signature] up to

Observer: [Signature]

Person Interviewed: [Signature]

# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 7/23/97  
Time In: 0633  
Time Out: \_\_\_\_\_  
Facility # \_\_\_\_\_  
Case # 98-0077

Site Name: Bare  
Address: 9107 191

- 1a. 1 Tank(s) removed 1b. None Tank(s) abandoned in-place
2. 26 Number of USTs remaining on-site
3. Has an environmental assessment been completed? YES ☐ NO ☒
4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐
5. Has all liquid been removed from tank(s)? YES ☒ NO ☐
6. Have tank(s) been purged of explosive or combustible vapors? YES ☐ NO ☒

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>*2012</u>	<u>1yr</u>	<u>550</u>	<u>Planned</u>	<u>N</u>	<u>N</u>	<u>Copper</u>	

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒
8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒
- 8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

- ☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL
- ☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

- ☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:  
A TANK DISPOSAL RECEIPT IS REQUIRED FOR CLOSURE
- ☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_
- ☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11
- ☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)
- ☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON
- ☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

Continuation Waste Tank 410-536-4200 Foreman & CERTIFIED  
TECH. & SITE MON. 97-1422  
Michael Paul Kohnle 5254 LENTZ RD.  
MANCHESTER, MD 21104 3-1-99

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO Site Photographs? ☐ YES ☐ NO
13. Were tanks labeled? ☒ YES (describe in item 11) ☐ NO

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Jeff Mancini  
Contact person's name (printed) and signature: Dave  
Contractor's name (printed) and signature: \_\_\_\_\_



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 5/17/02

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # 9292

Case # 02-1473-P6

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: Beltsville Agricultural Research Center Bldg 3

Address: Baltimore Ave Beltsville 20705

1a. 1 Tank(s) removed 550 diesel EG lb. 0 Tanks(s) abandoned in-place

2. 1 Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☐ NO ☒

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>diesel</u>	<u>10</u>	<u>550 gallon</u>	<u>FRP</u>	<u>None</u>	<u>detected</u>	<u>steel w/in 4" FRP</u>	<u>Landfill</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

tank disposal receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two co

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☒ NO

One 550 gallon emergency generator UST removed from the ground  
by R.L. Newman Inc (301-596-9410) certified technician on site  
Mr. Daniel Magruder, - MOC 2000-1405. No visible perforations  
detected. No staining of soils observed. The UST was installed  
in 1992 and emptied in 1993. BARC-PDC Mr. Christian Obineme  
(301-504-6406)

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☒ Yes ☐ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Jackie P. Yan

Contact person's name (printed) and signature: Christian Obineme

Contractor's name (printed) and signature: Daniel W. Magruder

# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 8/30/99

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # 6009815 #9

Case # 2000-0440P62

OPEN CLOSE  
INITIAL FOLLOW-UP

Site Name: USDA - Bldg 029

Address: Pine Loop Beltsville

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tank(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	Gasoline	7	4000	FRP/Steel Act 100	N	N	FRP	—

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Recertification from Highland

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☒ AMEND REGISTRATION FORM ☒ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: Robert G. Bennett 98-0062 (T) Exp. 10/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(4 minutes)  
① 4K gas UST removed from rear of "Pump House". UST To Be Recertified by Highland and Reinstalled on Same property. 4K Diesel to also be installed. Stan Backfill. 1.4 on microtip - Soils from Beneath UST. O.K To Backfill New Install. Checkhole left on Site.

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO Site Photographs? ☐ YES ☒ NO

13. Were tanks labeled? ☐ YES (describe in item 11) ☒ NO

14. Is follow-up required by this Administration? YES ☒ NO ☐

Inspector's name (printed) and signature: Susan Tiffany-Swan Tiff

Contact person's name (printed) and signature: Waste Team + Bob

Contractor's name (printed) and signature: Bob





# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 1/14/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 98-1383 F

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: (FDA) FOOD Drug ADMINISTRATION

Address: 8301 HARRIS RD, BELTSVILLE MD

1a. 2 Tank(s) removed

1b. 1 Tanks(s) abandoned in-place

2. 1 Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐ 59

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐ 214148

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2</u>	<u>510</u>	<u>30,000</u>	<u>BUFFED</u>	<u>Y</u>	<u>Y</u>	<u>Steel</u>	<u>McGee's</u>
<u>2</u>	<u>#2</u>	<u>" "</u>	<u>30,000</u>	<u>" "</u>	<u>Y</u>	<u>Y</u>	<u>Steel</u>	<u>" " "</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN \_\_\_\_\_ DAYS OF THE OWNER BY THIS ADMINISTRATION:

☐ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two cc

☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: NICHOLAS ENGIE 5703 GEINDON AVE. BALT. EXP MAR 1, 1998

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

Submit copy of UST. Disposal receipts within 30 days.

New installation will be installed upon UST removal, will begin

NO. 0007 OF Fuel Oil 1000: OKAY TO BACK FILL WITH PER-GRAVEL.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: John Smiechowski John Smiechowski

Contact person's name (printed) and signature: Samuel

Contractor's name (printed) and signature: NICHOLAS ENGIE



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 3/17/98  
Time In: \_\_\_\_\_  
Time Out: \_\_\_\_\_  
Facility # \_\_\_\_\_  
Case # 98-1383A62  
OPEN CLOSE  
INITIAL FOLLOW-UP

Site Name: FOOD & DRUG Admin.  
Address: 8301 MURKIN RD

- 1a. 2 Tank(s) removed 1b. \_\_\_\_\_ Tank(s) abandoned in-place
2. \_\_\_\_\_ Number of USTs remaining on-site
3. Has an environmental assessment been completed? YES ☒ NO ☐
4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐
5. Has all liquid been removed from tank(s)? YES ☒ NO ☐
6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>30</u>	<u>20 K</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Steel</u>	<u>McGee Creek</u>
<u>2</u>	<u>#2 oil</u>	<u>30</u>	<u>20 K</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Steel</u>	

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☐
8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☐
- 8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

- ☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL
- ☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

- ☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:  
1 tank Disposal Slip
- ☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_
- ☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11
- ☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)
- ☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Nicholas Eagle MDIC # 96-0534 exp 5-1-98

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

- Lines had Secondary Containment, Soils Rather Sandy and Free of Stains.  
Soils Beneath UST Screened w/ microtip - Reading of 4.0 ppm obtained  
Excavation Backfilled

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO Site Photographs? ☐ YES ☒ NO

13. Were tanks labeled? ☐ YES (describe in item 11) ☒ NO

14. Is follow-up required by this Administration? YES ☐ NO ☐

Inspector's name (printed) and signature: Susan Bull Susan R Bull

Contact person's name (printed) and signature: \_\_\_\_\_

Contractor's name (printed) and signature: West Iron, Inc - Nicholas Eagle

# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 5/22/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 98-2424 PL

OPEN ☒ CLOSE ☒

INITIAL ☒ FOLLOW-UP ☒

Site Name: FDA

Address: 5100 Paint Branch Parkway College Park

1a. 1 Tank(s) removed

1b. 0 Tank(s) abandoned in-place

2. 7 Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#201</u>	<u>50+</u>	<u>2500</u>	<u>Steel</u>	<u>N</u>	<u>-</u>	<u>-</u>	

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

2500 gal UST Found during Construction. Corner of Calvert Rd @ Paint  
Tank free of perforations. Tank 2' B/G. Soils checked & found to be  
O.K. O Shoring to be Driven in the area of the UST.  
NO Further action Required. Tank cleaned by Clean Harbor

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO Site Photographs? ☐ YES ☒ NO

13. Were tanks labeled? ☐ YES (describe in item 11) ☒ NO

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany Susan Tiffany

Contact person's name (printed) and signature: Harry Bruders Harry Bruders

Contractor's name (printed) and signature: STAFFORD & Goldin STAFFORD & Goldin



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 6/17/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 98-2512P62

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: USDA - Greenhouse

Address: 11601 Old Pond Rd

1a. 2 Tank(s) removed

1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>Fuel oil</u>	<u>30+</u>	<u>3000</u>	<u>Steel</u>	<u>Y</u>	<u>N</u>	<u>Steel</u>	<u>Cut up on</u>
<u>2</u>	<u>Fuel oil</u>	<u>25+</u>	<u>3000</u>	<u>Steel</u>			<u>Steel</u>	<u>Site</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☐

8. Is soil contaminated? YES ☒ TYPE OF PRODUCT Fuel oil NO ☐ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☒ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt, Soil Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR (submit two copies)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Nicholas Eagle 98-0534(T) Exp. 6/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(1) 3K UST Removed from w/in Bldg. UST in Concrete Vault, But Surrounds Sand. (3) pail. (1/8"-1/4") found in UST. All Sand Removed + Vault Filled w/stone. Sand Screened w/ Microtype - Leaching Ranged from 154 ppm to 501 ppm. 3K UST Removed from Next to greenhouse. Soil Sample Collected from Beneath UST. Microtype Leaching of 228 ppm. Screen Soils/ Remove to Below 100 ppm. Proper Dispose of Si

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☐

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: USDA - David

Contractor's name (printed) and signature: Waste Tron - Nick Eagle



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 8/11/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-0386A

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: USDA Bldg 209

Address: Animal Husbandry Rd

1a. 1 Tank(s) removed

1b. 0 Tanks(s) abandoned in-place

2. 0 Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>40+</u>	<u>550</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Copper</u>	<u>P6 Scrap</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two c

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: James Oates MDIC 97-132567 Exp 12/1/99

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

550 UST removed from front of structure (Driveway side) Soil Ben  
UST Screened w/micropip - readings of 0.0 ppm obtained. Sandy  
Type Soils, no odor/stain. UST in Good Condition. Excavation  
OK To Backfill

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan T. Carey - Susan T. Carey

Contact person's name (printed) and signature: J. Oates

Contractor's name (printed) and signature: W. Oates

# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 6.15.98  
Time In: \_\_\_\_\_  
Time Out: \_\_\_\_\_  
Facility # 6008814  
Case # 98-2512 P62  
☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: USDA - Agricultural Research Service  
Address: 11601 Old Pond Rd Glendale 20769  
1a. 1 Tank(s) removed 1b. 0 Tank(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site  
3. Has an environmental assessment been completed? YES ☒ NO ☐  
4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐  
5. Has all liquid been removed from tank(s)? YES ☒ NO ☐  
6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>Gasoline</u>	<u>33</u>	<u>550</u>	<u>Steel</u>	<u>Y</u>	<u>N</u>	<u>Steel</u>	<u>David Joseph</u>
<u>GD42</u>								<u>Catonville</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒  
8. Is soil contaminated? YES ☒ TYPE OF PRODUCT Gasoline NO ☐ NOT DETECTABLE AT THIS TIME ☐  
8a. Were contaminated soils removed? YES ☒ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:  
☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL  
☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:  
☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:  
Tank Disposal Receipt, Soil Disposal Receipt  
☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_  
☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11  
☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)  
☒ AMEND REGISTRATION FORM ☒ REGISTRATION FORM PROVIDED TO CONTACT PERSON  
☐ OTHER: James J. Oates 97-1325 (U) Exp 12/1/99

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

550 gal UST removed. Soils from 7' B/G had 3701 ppm on Microtyp. 6' w/ Excavation - odor in H<sub>2</sub>O. 1 small hole in Tank - had to be scraped to be for sandy type soils. USDA plans to over excavate and properly dispose of soils. Soil to be stockpiled on Poly Plastic & Bermeel. Submit final report of amt. removed & total in Exc.

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO Site Photographs? ☒ YES ☐ NO  
13. Were tanks labeled? ☒ YES (describe in item 11) ☐ NO

14. Is follow-up required by this Administration? YES ☐ NO ☐

Inspector's name (printed) and signature: Susan T. H.  
Contact person's name (printed) and signature: James J. Oates  
Contractor's name (printed) and signature: Waste Iron - James Oates





# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 10/9/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 98-000912

OPEN ☒ CLOSE ☒  
INITIAL FOLLOW-UP

Site Name: BARC Bldg 1050

Address: Edmonston Rd Greenbelt

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☒ NO ☐

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>20+</u>	<u>1000</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Copper</u>	<u>David Joseph</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two co

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Jones Dates 97-1325 (H) Exp. 12/1/99 WasteTron

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(1) 1K UST Removed from rear of Bldg. By Furnace Room. UST free of perforations. Soils free of Sten/odor. Microtop readings of 55 ppm. Excavation Backfilled. No Further action

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☐

Inspector's name (printed) and signature: Susan Tiffany - Susan T

Contact person's name (printed) and signature: WasteTron - Jones Dates

Contractor's name (printed) and signature: WasteTron - Jones Dates



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 10/13/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # 98-0952 PG 2

Case # 98-0952 PG 2

OPEN ☒ CLOSE ☒

INITIAL FOLLOW-UP

Site Name: BAE Bldg 1062

Address: Edmonston Rd Greenbelt

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☒ NO ☐

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	#2 oil	7±	1000	FRP Tank Containment (Clad Steel)	N	N	Copper	SACRAMENTO - RADIATE DAND JOSEPH

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two c

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: James Oates 97-132561 Exp. 12/1/99 Wastation

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(1) FRP UST Removed from (2) Side of Bldg. Pea gravel/Soils are UST free of stain/odor. Soils from beneath UST Screened w/ Microtp. Reading of 00 ppm obtained. O.K TO Backfill No Further

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No

Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany - Susan Tiffany

Contact person's name (printed) and signature: \_\_\_\_\_

Contractor's name (printed) and signature: Waste Tran - James Oates - [Signature]



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 8/12/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-0388

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: Bare Bldg. 289

Address: Brown Dam Rd Baltimore

1a. 1 Tank(s) removed

1b. 0 Tanks(s) abandoned in-place

2. 0 Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (Y/N)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>20+</u>	<u>1000</u>	<u>Steel</u>	<u>N</u>	<u>-</u>	<u>Copper</u>	<u>PG Scrap</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: Nicholas Eagle - MDIC 98-0534 (T) Exp. 5/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

WIK UST removed from next to Bldg. Sandy soils. No puffs in UST. 750 gal. of #2 oil pumped from UST (no H<sub>2</sub>O). Excavation OK to back fill. Soils from beneath UST found to be free of contaminants - (no leadings on Microtip)

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: Waste Tron

Contractor's name (printed) and signature: Nick Elchke

Barb Brown





# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 7/21/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-1201-PL2

OPEN ☒ CLOSE ☐

INITIAL FOLLOW-UP ☐

Site Name: Bare Blk 405

Address: Bio Control Rd Beltsville

1a. 1 Tank(s) removed 1b. 0 Tanks(s) abandoned in-place

2. 0 Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐

UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>10-</u>	<u>5000</u>	<u>FRP clad steel</u>	<u>N</u>	<u>N</u>	<u>FRP</u>	<u>PL Scrap</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two cc)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Nicholas Eagle 98-0534 (T) Exp 5/1/00

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

1) SK removed from End of Blk 405 (next to Greenhouse) Back  
w/ paywired Rd. Soil 10000. Soils B/T OK (Below 25 ppm)  
Tank cut in half on Site. Excavation OK To Backfill

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: Bare Blk 405

Contractor's name (printed) and signature: Waste Trans

Daniel Johnson

Nicholas Eagle



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 11/25/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 96-0975 R

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: BARE Bldg #029

Address: Beltville 120705

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☒

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	#2 Heating Oil	20+	550	Steel	N	N	Steel	United Iron + Metal

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Receipt for Tank Disposal to be Submitted to this Administration by 11/5/97

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☒ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two cop

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☒ NO

On 11/25/96 - arrived on site with waste rep 410-536-4200 and BARE Representative Dave Johnson for the removal of the above described tanks. The tank had some rusting + piping but no noticeable perforations. Soil from excavation and 2 ft under tank bottom had no noticeable signs of contamination. All associated piping was removed while on site.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber Thomas A. Haber

Contact person's name (printed) and signature: \_\_\_\_\_

Contractor's name (printed) and signature: Grauer Schaefer G.S.



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 11/22/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 920727 P02

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: BAPE Bldg #308

Address: Baltimore 21205

1a. 2 Tank(s) removed

1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES

☐

NO

☒

4. Has piping been properly abandoned?

YES

☒

NO

☐

UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES

☒

NO

☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES

☒

NO

☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	#2 Heating Oil	20+	275	Steel	N	N	Steel	United Iron
2	#2 Heating Oil	20+	275	Steel	Y	N	Steel	Metals

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☒ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Receipt for Disposal of Tank to be submitted to this Administration within 30 days by 11/1/97

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

On 11/22/96, arrived on site with Waste Tech 536-41200 (410) and Mr. Dave Johnson of BAPE for the removal of the above described tanks. Inspection of tanks revealed rusting, pitting, no perforations on tank #1 but 3 small perforations were noted on tank #2. Inspection reveals noted no evidence of contamination or staining. Approval was given to

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Huber Thomas G. Huber

Contact person's name (printed) and signature: David Johnson David Johnson USDA

Contractor's name (printed) and signature: Garner Schaefer Garner Schaefer



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(301) 631-3442

Date: BARC Bldg #506  
Site Name: BARC Bldg #506  
Site Address: Beltsville Md 20705

*WIN*

Facility #: 97-0787 PL2  
Case #

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

- 1a. 1 Tank(s) removed  
1b.        Tank(s) abandoned in place
- Has an environmental assessment been completed? YES ☐ (Go to 2) NO ☒  
☐ Complete an environmental assessment within        days in compliance with COMAR
2. Has piping been properly abandoned? YES ☒ (Go to 3) NO ☐ UNKNOWN ☐  
☐ Properly abandon piping within        days in compliance with COMAR
3. Has all liquid been removed from tank(s)? YES ☒ (Go to 4) NO ☐  
☐ Stop operations and pump out liquid as ordered by this Administration
4. Have tank(s) been purged of explosive or combustible vapors? YES ☒ (Go to 5) NO ☐  
Can operation continue safely? YES ☒ (Go to 5) NO ☐  
☐ Stop operations as ordered by this Administration
5. Were perforations observed during visual inspection of tank or piping? YES ☐ NO ☒

Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
1	Gasoline	75	1000	Steel	Steel	—	—	United IRON + Metal Bait.

6. Is groundwater contaminated? YES ☐ NO ☐ (Go to 7) UNKNOWN ☐  
☐ Perform a site assessment and submit report to this Administration within        days
7. Is soil contaminated? YES ☐ NO ☐ (Go to 8)  
Were contaminated soils removed? YES ☐ NO ☐  
If YES: Disposal site?         
If NO: ☐ Removal of soils not required
8. Perform specified tasks or submit additional information to this Administration within        days:  
☐ monitoring well(s) required in specified location(s)  
☐ Complete a site assessment and submit report  
☐ Daily inventory records ☐ Past testing info. ☐ All repair work info.  
☐ Other:

☒ All documentation associated with tank removal/abandonment:

Including: Submit Disposal Receipt for Tank To This Administration within 30 days by 11/20/96

9. Comments: On 10/29/96 arrived on site with USFBI, H40-636-4290 for the removal of the above described tank. BARC Representative Dave Johnson also on site. Inspection of tank revealed rusting, falling bulkhead, possible vapors. Inspection of soils revealed rocks + debris in area of tank grade. Requirements: 1) Excavate excavation for clean dirt. 2) Soil from 2'-4' under tank bottom to be sampled for TPH + BTEX EPA Method 8020 modified. 3) Contaminated soil from excavation is to be stored on plastic + covered with plastic until disposal of.

10. UST notification form amended? YES ☐ NO ☐

11. Is follow-up required by this Administration? YES ☐ NO ☐

Inspector's name (printed) and signature: Thomas A. Haber Thomas A. Haber

Contact person's name (printed) and signature: DAVE Johnson Dave Johnson

Contractor's name (printed) and signature:



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(301) 631-3442

Date

Site Name:

Site Address:

Facility #

Case #

OPEN

INITIAL

CLOSE

FOLLOW-UP

1a. ☒ Tank(s) removed

1b. ☐ Tank(s) abandoned in place

Has an environmental assessment been completed? YES ☐ (Go to 2) NO ☒

☐ Complete an environmental assessment within \_\_\_\_\_ days in compliance with COMAR

2. Has piping been properly abandoned? YES ☒ (Go to 3) NO ☐ UNKNOWN ☐

☐ Properly abandon piping within \_\_\_\_\_ days in compliance with COMAR

3. Has all liquid been removed from tank(s)? YES ☒ (Go to 4) NO ☐

☐ Stop operations and pump out liquid as ordered by this Administration

4. Have tank(s) been purged of explosive or combustible vapors? YES ☒ (Go to 5) NO ☐

Can operation continue safely? YES ☒ (Go to 5) NO ☐

☐ Stop operations as ordered by this Administration

5. Were perforations observed during visual inspection of tank or piping? YES ☒ NO ☐

Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
1	Heating Oil	157	1000	Steel	Steel	-	-	United IRDA + Metal BATO

6. Is groundwater contaminated? YES ☐ NO ☒ (Go to 7) UNKNOWN ☐

☐ Perform a site assessment and submit report to this Administration within \_\_\_\_\_ days

7. Is soil contaminated? YES ☒ NO ☐ (Go to 8)

Were contaminated soils removed? YES ☐ NO ☒

If YES: Disposal site? \_\_\_\_\_

If NO: ☐ Removal of soils not required

8. Perform specified tasks or submit additional information to this Administration within \_\_\_\_\_ days:

☐ \_\_\_\_\_ monitoring well(s) required in specified location(s)

☐ Complete a site assessment and submit report

☐ Daily inventory records

☐ Past testing info.

☐ All repair work info.

☐ Other: \_\_\_\_\_

☒ All documentation associated with tank removal/abandonment:

Including: Submit Disposal Receipt for Tank to this Administration within  
30 days by 11/28/96

9. Comments: On 10/28/96 arrived on site for the removal of the above described tank with identification 410-536-4200 and BRR Representative Dave Johnson. Inspection of tank revealed rusting, pitting, and noticeable perforations. Inspection of soils revealed signs of contamination. Requirements: 1. Carefully excavate and remove all noticeably contaminated soils. Store same on plastic + cover with plastic. Soils to remain on site until disposed of. 2. When clean soil is reached remove a soil sample from 2-4" below tank.

10. UST notification form amended? YES ☐ NO ☐

11. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Hager

Contact person's name (printed) and signature: Dave Johnson

Contractor's name (printed) and signature: \_\_\_\_\_



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(301) 631-3442

Date 11 / 6 / 96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Site Name: BARC Bldg # 1180  
Address: Beltville 20705

Facility # \_\_\_\_\_  
Case # 920862 PN2

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

- 1a. 1 Tank(s) removed  
1b. \_\_\_\_\_ Tank(s) abandoned in place  
2. Has an environmental assessment been completed? YES ☐ NO ☒  
3. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐  
4. Has all liquid been removed from tank(s)? YES ☒ NO ☐  
5. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐  
6. Were perforations observed during visual inspection of tank or piping? YES ☐ NO ☐

Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
<u>1</u>	<u>#2 Heating Oil</u>	<u>25+</u>	<u>1000</u>	<u>Steel</u>	<u>Steel</u>	<u>—</u>	<u>—</u>	<u>United Iron &amp; Steel Baltimore</u>

7. Is groundwater contaminated? YES ☐ NO ☒ NOT VISIBLY DETECTABLE AT THIS TIME ☐  
8. Is soil contaminated? YES ☐ NO ☒ NOT VISIBLY DETECTABLE AT THIS TIME ☐ SEE COMMENTS ☐  
Were contaminated soils removed? YES ☐ NO ☒  
If YES: Disposal site? UNKNOWN AT THIS TIME Quantity: ?  
If NO: ☒ Removal of soils not required

9. Submit additional information to this Administration within 30 days  
☐ Daily inventory records from \_\_\_\_\_ to \_\_\_\_\_ ☐ Past testing info. ☐ All repair work info.  
☒ All documentation associated with tank removal/abandonment:  
including: Receipt For Disposal of Tank To be submitted To This Administration  
within 30 days by 12/6/96  
☐ Other: \_\_\_\_\_

10. ACTIONS REQUIRED BY THIS ADMINISTRATION, WITHIN \_\_\_\_\_ DAYS/IMMEDIATELY  
☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_  
☐ PUMP OUT LIQUID  
☐ STOP OPERATIONS  
☐ MONITORING WELL(S) REQUIRED IN LOCATION(S) SPECIFIED BELOW  
☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_  
(SUBMIT TWO COPIES)  
☐ AMEND NOTIFICATION FORM

11. Comments: On 11/6/96, signed on site for the removal of the above described tank. This tank  
was abandoned years ago by filling same with sand. Tank being removed  
by Wastecon 419-536-4200. Vapor from inside tank has odors of contamination  
but from excavation has slight odors.

12. Is follow-up required by this Administration? YES ☐ NO ☒  
Inspector's name (printed) and signature: Thomas A. Haber Thomas A. Haber  
Contact person's name (printed) and signature: Dave Johnson Dave Johnson USDA  
Contractor's name (printed) and signature: \_\_\_\_\_

PHOTOS TAKEN ☐

ADDITIONAL COMMENTS PAGE ☐

SITE SKETCH ☐



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(301) 631-3442

Date 10/23/96  
Site Name: BAE - Bldg #606  
Site Address: Beltville 20705

Facility # N/A  
Case # 97 0762 PG2  
☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

- 1a. ☐ Tank(s) removed  
1b. ☐ Tank(s) abandoned in place  
Has an environmental assessment been completed? YES ☐ (Go to 2) NO ☒  
☐ Complete an environmental assessment within \_\_\_\_\_ days in compliance with COMAR  
2. Has piping been properly abandoned? YES ☒ (Go to 3) NO ☐ UNKNOWN ☐  
☐ Properly abandon piping within \_\_\_\_\_ days in compliance with COMAR  
3. Has all liquid been removed from tank(s)? YES ☒ (Go to 4) NO ☐  
☐ Stop operations and pump out liquid as ordered by this Administration  
4. Have tank(s) been purged of explosive or combustible vapors? YES ☒ (Go to 5) NO ☐  
Can operation continue safely? YES ☒ (Go to 5) NO ☐  
☐ Stop operations as ordered by this Administration  
5. Were perforations observed during visual inspection of tank or piping? YES ☐ NO ☒

Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
1	Heating Oil	25+	1000	Steel	Steel	-	-	United Iron + Metal

6. Is groundwater contaminated? YES ☐ NO ☒ (Go to 7) UNKNOWN ☐  
☐ Perform a site assessment and submit report to this Administration within \_\_\_\_\_ days  
7. Is soil contaminated? YES ☐ NO ☒ (Go to 8)  
Were contaminated soils removed? YES ☐ NO ☐  
If YES: Disposal site? \_\_\_\_\_  
If NO: ☒ Removal of soils not required  
8. Perform specified tasks or submit additional information to this Administration within \_\_\_\_\_ days:  
☐ \_\_\_\_\_ monitoring well(s) required in specified location(s)  
☐ Complete a site assessment and submit report  
☐ Daily inventory records ☐ Past testing info. ☐ All repair work info.  
☐ Other: \_\_\_\_\_  
☒ All documentation associated with tank removal/abandonment:  
Including: Submit Tank Disposal Receipt to this Administration within 30 days by 11/23/96

9. Comments: On 10/23/96 - arrived on site with Waste Tron, HIO 536-41200 and BAE representative Dave Johnson for the removal of the above described tank. Tank had rusting by piping on inspection but no visible perforations were noted. Soils had no visible signs of contamination or odor. Permission was given to perform excavation with existing soils. Requirement: Submit tank disposal receipt to this Administration within 30 days by 11/23/96 - Receipt will be closed on receipt of tank disposal Certificate. NOC will be issued when case is closed.

10. UST notification form amended? YES ☐ NO ☐  
11. Is follow-up required by this Administration? YES ☐ NO ☒  
Inspector's name (printed) and signature: Thomas A. Haber  
Contact person's name (printed) and signature: Dave Johnson USDA  
Contractor's name (printed) and signature: \_\_\_\_\_



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224.  
(301) 631-3442

Date 10/23/96  
Site Name: BAPC Bldg #307  
Site Address: Beltville 20705

Facility # NIN  
Case # 97 0763 P02  
☒ OPEN ☐ CLOSE  
☐ INITIAL ☐ FOLLOW-UP

- 1a. ☒ Tank(s) removed  
1b. ☐ Tank(s) abandoned in place  
Has an environmental assessment been completed? YES ☐ (Go to 2) NO ☒  
☐ Complete an environmental assessment within \_\_\_\_\_ days in compliance with COMAR  
2. Has piping been properly abandoned? YES ☒ (Go to 3) NO ☐ UNKNOWN ☐  
☐ Properly abandon piping within \_\_\_\_\_ days in compliance with COMAR  
3. Has all liquid been removed from tank(s)? YES ☒ (Go to 4) NO ☐  
☐ Stop operations and pump out liquid as ordered by this Administration  
4. Have tank(s) been purged of explosive or combustible vapors? YES ☒ (Go to 5) NO ☐  
Can operation continue safely? YES ☒ (Go to 5) NO ☐  
☐ Stop operations as ordered by this Administration  
5. Were perforations observed during visual inspection of tank or piping? YES ☒ NO ☐

Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
1	#2 Heating Oil	25+	275	Steel	Steel	-	-	United Iron Works Baltimore, Md

6. Is groundwater contaminated? YES ☐ NO ☒ (Go to 7) UNKNOWN ☐  
☐ Perform a site assessment and submit report to this Administration within \_\_\_\_\_ days  
7. Is soil contaminated? YES ☐ NO ☒ (Go to 8)  
Were contaminated soils removed? YES ☐ NO ☐  
If YES: Disposal site? \_\_\_\_\_  
If NO: ☒ Removal of soils not required  
8. Perform specified tasks or submit additional information to this Administration within \_\_\_\_\_ days:  
☐ \_\_\_\_\_ monitoring well(s) required in specified location(s)  
☐ Complete a site assessment and submit report  
☐ Daily inventory records ☐ Past testing info. ☐ All repair work info.  
☐ Other: \_\_\_\_\_  
☒ All documentation associated with tank removal/abandonment:

Including: System Tank Disposal Receipt to this Administration within 30 days  
by 11/23/96

9. Comments: On 10/23/96 passed on site with Master Tech 410-536-4200 and Doug Johnson of BAPC for the removal of the above described tank. One possible tank leaked 1 noticeable perforation. Soils were tight hard clay with no signs or odor of contamination. Permission was given to backfill with existing soils. Requirement: Submit tank disposal receipt to this Administration within 30 days by 11/23/96. Case will be closed on receipt of certificate of disposal on tank. No will be issued when case is closed.

10. UST notification form amended? YES ☒ NO ☐  
11. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber Thomas A. Haber  
Contact person's name (printed) and signature: Dave Johnson Dave Johnson  
Contractor's name (printed) and signature: \_\_\_\_\_





# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 3/4/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 961649PC

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: BARC - Bldg #160

Address: Off Powder Mill Road - Beltsville 20705

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place.

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☐ NO ☒

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	Heating Oil	10+	550	Steel	N	N	Steel/Kopper Bldg. Scrap	

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY

☐ STOP OPERATIONS ☐

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN

☒ ALL TANK REMOVAL/

Submit Copies of

☐ PROPERLY ABANDON

☐ \_\_\_\_\_ MONITORING

☐ COMPLETE AN ENVIRONMENTAL

☒ AMEND REGISTRATION

☐ OTHER: \_\_\_\_\_

Talked to T. Haber  
Concerning AMENDED  
He's working with  
them

RATION:  
CLEANUP SPILL

ADMINISTRATION:

NG:

m. within 30 days by 4/4/96

TH COMAR \_\_\_\_\_ (submit two copies)

TO CONTACT PERSON

11. Comments: ADDITIONAL COMMENTS

On 3/4/96 - arrived on site and observed tank being pulled from excavation by Waste Tron 410-536-4200. Photos taken. Event #6 was used to pump soil from excavation. Soils registered at 46 PPM's soil from a below tank bottom registered at 0.0 PPM's. Inspection of tank revealed rust & pitting but no perforations.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☒ Yes ☐ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber

Contact person's name (printed) and signature: Thomas A. Haber



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 3/6/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 961689P02

OPEN CLOSE  
INITIAL FOLLOW-UP

Site Name: BARC- Bldg #417  
Address: off BID CONTROL Rd - Beltsville 20705

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☒

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	Heating Oil	9	550	Steel	N	N	Steel	Balto. Scrap

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Receipt for Disposal of Tank To be Sent To This Administration by 4/6/96

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☒ NO

On 3/6/96 - arrived on site to observe tank being removed from excavation. soils were hard clay with a small amount of debris. There were no odors by manual appraisal and no signs of contamination. Microtip not used due to wet weather. Inspection of tank revealed some rust & pitting. One small pin hole was noted when tank was released.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☒ Yes ☐ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber / Thomas A. Haber

Contact person's name (printed) and signature: Dave Johnson



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 3/19/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 961725 A

OPEN CLOSE  
INITIAL FOLLOW-UP

Site Name: BARE Bldg #468  
Address: BELTSVILLE 20705

- 1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place  
2. \_\_\_\_\_ Number of USTs remaining on-site  
3. Has an environmental assessment been completed? YES ☐ NO ☒  
4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐  
5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐  
6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	#2-Heating Oil	20	550	Steel	N	N	Steel	Cambridge Scrap Baltimore

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒  
8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐  
8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)  
9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:  
☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL  
☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:  
☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:  
Receipt for Disposal of Tank To be Sent To This Administration within 30 days by 4/19/96  
☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_  
☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11  
☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)  
☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON  
☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☒ YES ☐ NO  
On 3/19/96 - arrived on site to find tank out of excavation and inspect. revealed no findings of perforations but there was rust pitting. Soil was like brown orange clay with no signs of signs of contamination. Soil approved to be used as backfill. This is a site of a new installation. Tank removal + new installation is being done by

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☒ Yes ☐ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☒ NO ☐

Inspector's name (printed) and signature: Thomas Haber Thomas A. Haber

Contact person's name (printed) and signature: Edgar Carter Jr.



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 1/2/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # 3-010627

Case # 96-1300 Pn

☒ OPEN ☐ CLOSE

☒ INITIAL ☐ FOLLOW-UP

Site Name: BARE Bldg # 446

Address: 51W PARKWAY + Powder Mill Road

1a. 1 Tank(s) removed 1b. 0 Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☒

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	WASTE OIL	10	550	Steel	N	N	Steel	United Scraper

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☒ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Receipt For Disposal of Tank + Soil To This Administration by 2/2/96

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two

☐ AMEND REGISTRATION FORM ☒ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☒ YES ☐ NO

On 1/2/96 approacher took tank out of excavation + sitting on plastic. Inspection tank revealed no perforations, rusting or pitting. Micro-Tip Event #21 used readings were 4.9 - 0.0 PPM. Notification of MDE Inc (410-536-4200 Mr. Stan Kysel. Superintendent on scene advised that soil from excavation will be sent away. Certified initially on scene. Michael R. Gerty, 8618

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☒ Yes ☐ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☒

Inspector's name (printed) and signature: Thomas Haber

Contact person's name (printed) and signature: Christina A. Odomene

Contractor's name (printed) and signature: Michael R. Gerty





# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 7/23/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 97-0112P67

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: BARC - Bldg # 424

Address: off Bio Conted Road - Beltsville 20705

1a. 1 Tank(s) removed

1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐

NO ☐

4. Has piping been properly abandoned?

YES ☐

NO ☐

UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☐

NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☐

NO ☐

Tank #	Type of Product	Age (yrs)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 Heating Oil</u>	<u>25Y</u>	<u>2,000</u>	<u>Steel</u>	<u>Y</u>	<u>N</u>	<u>Steel</u>	<u>United Scrap</u>

7. Is groundwater contaminated? YES ☐ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Receipt for Disposal of Tank To be Sent To This Administration within 30 days by 8/23/96

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE 3 ☐ YES ☐ NO

On 7/23/96 arrived on site to find tank out of excavation. Inspection of tank revealed rusting pitting + 1 small perforation. Inspection of soils revealed to be light orange colored clay with no signs of staining or odor of contamination. Environmental Engineer Mr. [unclear] checked soils with a P20 Meter and same registered 0.0 ppm's

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☒ Yes ☐ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber Thomas A. Haber

Contact person's name (printed) and signature: \_\_\_\_\_

Contractor's name (printed) and signature: X JAMES OATES [Signature]



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 7/30/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 97-01789-2

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: BARE Bldg # 301

Address: off Bld Cont'd Rd - Beltsville 20705

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☐ NO ☒

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>Heating Oil</u>	<u>20+</u>	<u>1500</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>Steel</u>	<u>United Iron + Metal David Joseph</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Receipt For Disposal of Tank to be submitted to this Administration by 8/30/96

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two co

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☒ NO

On 7/30/96 - arrived on site to find tank out of excavation. Inspection of tank revealed no perforations, pitting or filling. Some way in good condition. Inspection of steps revealed no signs or holes apparent. Approval given to back fill with excavating soils. Case will be closed upon receiving Receipt for disposal of tank.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber

Contact person's name (printed) and signature: \_\_\_\_\_

Contractor's name (printed) and signature: X Martin Richardson Martin Richardson



# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(301) 631-3442

Date: 9/23/96  
Site Name: Beltville Agricultural Research Center  
Site Address: Bldg #509 - off Beaver Dam Drive  
Beltville 20705

Facility #

Case # 970522 R12

OPEN

CLOSE

INITIAL

FOLLOW-UP

1a. 2 Tank(s) removed

1b.        Tank(s) abandoned in place

Has an environmental assessment been completed? YES ☐ (Go to 2) NO ☒

☐ Complete an environmental assessment within        days in compliance with COMAR

2. Has piping been properly abandoned? YES ☒ (Go to 3) NO ☐ UNKNOWN ☐

☐ Properly abandon piping within        days in compliance with COMAR

3. Has all liquid been removed from tank(s)? YES ☒ (Go to 4) NO ☐

☐ Stop operations and pump out liquid as ordered by this Administration

4. Have tank(s) been purged of explosive or combustible vapors? YES ☒ (Go to 5) NO ☐

Can operation continue safely? YES ☐ (Go to 5) NO ☐

☐ Stop operations as ordered by this Administration

5. Were perforations observed during visual inspection of tank or piping? YES ☐ NO ☒

Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
1	Gasoline	15	550	Steel	Steel	—	—	Tri County Industries To be Scraped
2	Diesel	15	550	Steel	Steel	—	—	

6. Is groundwater contaminated? YES ☐ NO ☐ (Go to 7) UNKNOWN ☐

☐ Perform a site assessment and submit report to this Administration within        days

7. Is soil contaminated? YES ☐ NO ☐ (Go to 8)

Were contaminated soils removed? YES ☐ NO ☒

If YES: Disposal site?       

If NO: ☒ Removal of soils not required

8. Perform specified tasks or submit additional information to this Administration within        days:

☐        monitoring well(s) required in specified location(s)

☐ Complete a site assessment and submit report

☐ Daily inventory records

☐ Past testing info.

☐ All repair work info.

☐ Other:       

☒ All documentation associated with tank removal/abandonment:

Including: Submit Tank Disposal Receipt To This Administration within 30 days by 10/23/96

9. Comments:

On 9/23/96, observed on site with Tri County Industries for the removal of two above ground tanks. Both tanks were sealed with a heavy material but no noticeable perforations. Tanks were in good condition. No signs of contamination. After tank removal, no signs of contamination. Approaching to backfill with sand and soil. Requirements: 1) Remove all existing piping. 2) Pump and replace whole on site. 3) Soil samples taken from 2-4 feet. 4) After tank removal, tank #1 was to be sampled for BTEX-EPA Method 8020 Method.

10. UST notification form amended? YES ☐ NO ☒

11. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas D. Haber Thomas D. Haber

Contact person's name (printed) and signature:

Contractor's name (printed) and signature: X ALAN JACQUEZ Alan Jacquetz



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224

Date 8/12/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 970270 P62

☒ OPEN ☐ CLOSE

☒ INITIAL ☐ FOLLOW-UP

Site Name: Beltville Agricultural Research Center

Address: Bldg #476 Beltville 20705

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☒

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<del>1</del>	<del>3000</del>	<del>20+</del>						
1	Heating Oil	20+	3000	Steel	N	N	Steel	Joseph Smith Yard - Baltimore

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☒ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Submit Tank Disposal To This Administration within 30 days by 9/12/96

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

On 8/12/96 arrived on site to find tank out of excavation. Inspection of tank revealed some rust pitting but no noticeable perforations. Some minor excavations for postgrouting of postgrout contamination. Approval given to backfill. Can April be closed when receipt for tank is received by the Administration. Waste Log 410-536-4200 on site

12. Has inspector completed: Site Sketch? ☐ Yes ☐ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber Thomas A. Haber

Contact person's name (printed) and signature: \_\_\_\_\_





# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 8/14/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 970305 P-2

☒ OPEN ☐ CLOSE  
☒ INITIAL ☐ FOLLOW-UP

Site Name: BARC-Bldg # 419

Address: Beltville 20705

1a. \_\_\_\_\_ Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☐ NO ☒

4. Has piping been properly abandoned?

YES ☒ NO ☐

UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☐ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	Heating Oil	25+	1000	Steel	N	N	Steel	Joseph Smith

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

3a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Submit Tank Disposal Receipt To This Administration within 30 days by 9/14/96

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copie

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: \_\_\_\_\_

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☒ NO

On 8/14/96, removed on site with Unit # 410-536-4200 on the removal of the above described tank. Tank was in good condition with very little rusting or pitting, no noticeable perforations. All port excavations were tight, clean with no signs of contamination. Piping removed whole on sight. Case will be closed when tank receipt is received by administration.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Haber Thomas A. Haber

Contact person's name (printed) and signature: \_\_\_\_\_

Contractor's name (printed) and signature: JAMES OATES J. Oates



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 8/16/96

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 920294 P02

OPEN ☒ CLOSE ☐  
INITIAL FOLLOW-UP

Site Name: BARE New Office Complex

Address: 5653 Sunnyside Ave. Beltsville 20705

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☐ NO ☒

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2-Oil</u>	<u>20+</u>	<u>550</u>	<u>Steel</u>	<u>N</u>	<u>N</u>	<u>None Soil</u>	<u>Joseph Smith</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☒ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: 130 gallons Removed

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Submit Disposal Receipt For Tank To This Administration within 30 days by 9/16/96

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two c)

☐ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: This Tank WAS illegally Abandoned on This property - No associated Piping

11. Comments: ADDITIONAL COMMENTS PAGE? ☒ YES ☐ NO

On 8/16/96 - arrived on site to investigate an abandoned tank with product inside. Investigation revealed that bulldozing equipment was working in an area that a new office complex is being built where the equipment struck the above described tank. Waste from 410-536-4200 arrived at site to remove product from tank & then remove tank from the

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☐ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Thomas A. Harbor Thomas A. Harbor

Contact person's name (printed) and signature: James E. ... James E. ...

Contractor's name (printed) and signature: JAMES OATES JAMES OATES



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 7/15/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-014121

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: BARC Bldg 215  
Address: Brewer Dr Rd Baltimore

NIN

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☐

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>4</u>	<u>SSD</u>	<u>Total Containment</u>	<u>N</u>	<u>N</u>	<u>Copper</u>	<u>David Joseph</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☒ TYPE OF PRODUCT #2 oil NO ☐ NOT DETECTABLE AT THIS TIME

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☒ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: James Oates MDIC 97-1325 (T) Exp. 12/1/99

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(1) SSD gal UST removed from in front of Barn. Soils Beneath  
UST were 25.8 ppm on Microtop. Soils from Above were  
Between 85ppm + 115 ppm. Soils Placed Back in Excavation  
O.K To Backfill - No Further Action.

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☐ Yes ☒ No

13. Were tanks labeled? ☐ Yes (describe in item 11) ☒ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: Waste Tron

Contractor's name (printed) and signature: Waste Tron

# TANK REMOVAL/ABANDONMENT

State of Maryland  
Department of the Environment  
Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224  
(410) 631-3442

Date 7/15/98

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-0141 P6

OPEN CLOSE

INITIAL FOLLOW-UP

Site Name: BARC Bldg #186  
Address: Powdermill Rd Beltsville 20705

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tank(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed?

YES ☒ NO ☒

4. Has piping been properly abandoned?

YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tank(s)?

YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors?

YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
1	#2 oil	4	550	ACT 100	N	N	Copper	David Joseph

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME ☐

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two copies)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☒ OTHER: James Oates MDIC 97-1325(I) Exp. 12/1/99

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

1) 550 UST removed from side of Bldg. Soils free of St. Oil. UST may be reentered by High Fund for Reinstallation. No Reading on meter. Excavation O.K. To Backfill

12. Has inspector completed: Site Sketch? ☐ YES ☒ NO

Site Photographs? ☐ YES ☒ NO

13. Were tanks labeled? ☐ YES (describe in item 11) ☒ NO

14. Is follow-up required by this Administration? YES ☒ NO ☐

Inspector's name (printed) and signature: Susan Tiffany

Contact person's name (printed) and signature: Waste Tran - J. Oates

Contractor's name (printed) and signature: Waste Tran - J. Oates



# TANK REMOVAL/ABANDONMENT

Maryland Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Date 7/13/99

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Facility # \_\_\_\_\_

Case # 99-0136

OPEN ☒ CLOSE ☒  
INITIAL FOLLOW-UP

Site Name: BARC Bldg. 470

Address: Entomology Rd Beltville

1a. 1 Tank(s) removed 1b. \_\_\_\_\_ Tanks(s) abandoned in-place

2. \_\_\_\_\_ Number of USTs remaining on-site

3. Has an environmental assessment been completed? YES ☒ NO ☐

4. Has piping been properly abandoned? YES ☒ NO ☐ UNKNOWN ☐

5. Has all liquid been removed from tanks(s)? YES ☒ NO ☐

6. Have tank(s) been purged of explosive or combustible vapors? YES ☒ NO ☐

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of Piping	Disposal Site
					Tank (Y/N)	Piping (Y/N)		
<u>1</u>	<u>#2 oil</u>	<u>8</u>	<u>2000</u>	<u>Step 3</u>	<u>N</u>	<u>N</u>	<u>Copper</u>	<u>J.W. Sasse</u>

7. Is groundwater contaminated? YES ☐ NO ☐ NOT DETECTABLE AT THIS TIME ☒

8. Is soil contaminated? YES ☐ TYPE OF PRODUCT \_\_\_\_\_ NO ☒ NOT DETECTABLE AT THIS TIME

8a. Were contaminated soils removed? YES ☐ (Complete Contaminated Soil Removal form) NO ☐ (Describe in Item 11)

9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:

☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL

☐ OTHER: \_\_\_\_\_

10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION:

☒ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:

Tank Disposal Receipt

☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR \_\_\_\_\_

☐ \_\_\_\_\_ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11

☐ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR \_\_\_\_\_ (submit two)

☒ AMEND REGISTRATION FORM ☐ REGISTRATION FORM PROVIDED TO CONTACT PERSON

☐ OTHER: Nicholas Eagle MDIC 98-053460 Exp 5/1/2000

11. Comments: ADDITIONAL COMMENTS PAGE? ☐ YES ☐ NO

(1) 2K UST removed from in front of Bldg. Soils Beneath UST S  
w/ microtip - reading of 6.9 ppm obtained. Tank Backfilled  
w/ gravel. Excavation O.K To Backfill. No Further Action

12. Has inspector completed: Site Sketch? ☐ Yes ☒ No Site Photographs? ☒ Yes ☐ No

13. Were tanks labeled? ☒ Yes (describe in item 11) ☐ No

14. Is follow-up required by this Administration? YES ☐ NO ☒

Inspector's name (printed) and signature: SUSAN TIFFANY - Susan Tiff

Contact person's name (printed) and signature: Waste Tran - Nick Eagle

Contractor's name (printed) and signature: Waste Tran - Nick Eagle